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2 **IN THE SUPREME COURT OF THE STATE OF NEVADA**

3 LAS VEGAS METROPOLITAN  
4 POLICE DEPARTMENT; AND  
5 CANNON COCHRAN MANAGEMENT  
6 SERVICES, INC.,

7 Appellants,

8 v.

9 ROBERT HOLLAND,

10 Respondent.  
11

Supreme Court Case No.: 82843  
District Court Case No.: A-20-818754-J  
Electronically Filed  
Nov 03 2021 12:45 p.m.  
Elizabeth A. Brown  
Clerk of Supreme Court

12 **APPELLANTS' APPENDIX VOLUME I**

13  
14 DANIEL L. SCHWARTZ, ESQ.  
15 L. MICHAEL FRIEND, ESQ.  
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Case Number: A-20-818754-J

1 ROA  
2 APPEALS OFFICE  
3 2200 S. Rancho Drive Suite 220  
4 Las Vegas NV 89102  
5 (702) 486-2527

6 DISTRICT COURT  
7 CLARK COUNTY, NEVADA

8 ROBERT HOLLAND, )  
9 )  
10 Petitioner, )  
11 )  
12 vs. ) Case No.: A-20-818754-J  
13 ) Dept. No.: 14  
14 LAS VEGAS METROPOLITAN POLICE, ) ROA No.: 2106263-DM  
15 DEPARTMENT, CCMSI, and THE )  
16 DEPARTMENT OF ADMINISTRATION, )  
17 HEARINGS DIVISION, )  
18 Respondents. )  
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RECORD ON APPEAL IN ACCORDANCE WITH THE  
NEVADA ADMINISTRATIVE PROCEDURE ACT

29 ROBERT HOLLAND CCMSI  
30 7409 SANDPEBBLE LN ATTN JULIE VACCA  
31 LAS VEGAS NV 89129 P O BOX 35350  
32 LAS VEGAS NV 89133-5350  
33 LISA M ANDERSON ESQ  
34 GREENMAN GOLDBERG RABY &  
35 MARTINEZ  
36 2770 S MARYLAND PKWY STE 100  
37 LAS VEGAS NV 89109  
38 LVMPD - HEALTH DETAIL  
39 BERNADINE WELSH - HEALTH MGR  
40 400 S MARTIN L KING BLVD STE B  
41 LAS VEGAS NV 89106  
42 DANIEL SCHWARTZ ESQ  
43 LEWIS BRISBOIS BISGAARD &  
44 SMITH LLP  
45 2300 W SAHARA AVE STE 900 BOX 28  
46 LAS VEGAS NV 89102-4375  
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## NEVADA DEPARTMENT OF ADMINISTRATION

FILED

JUL 27 2020

BEFORE THE APPEALS OFFICER

APPEALS OFFICE

In the Matter of the Contested  
Industrial Insurance Claim

Claim No.: 19D34F989694

Hearing No.: 2001960-JK

Appeal No.: 2004526-DM

of

ROBERT HOLLAND  
7409 SANDPEBBLE LN.  
LAS VEGAS, NV 89129,

Employer:  
LVMPD-HEALTH DETAIL  
400 S. MARTIN L. KING BLVD., STE. B  
LAS VEGAS, NV 89106

Claimant.

DECISION AND ORDER

The above-captioned appeals came on for hearing before Appeals Officer DENISE S. MCKAY, ESQ. The claimant, ROBERT HOLLAND, (hereinafter referred to as "claimant"), was represented by her counsel, LISA M. ANDERSON, ESQ., of GREENMAN GOLDBERG RABY & MARTINEZ. The Employer, LAS VEGAS METROPOLITAN POLICE DEPARTMENT, (hereinafter referred to as the "Employer"), was represented by DANIEL L. SCHWARTZ, ESQ., of LEWIS BRISBOIS BISGAARD & SMITH LLP.

On July 23, 2019, the Administrator issued a determination denying the claim. Claimant appealed and in a Decision and Order dated September 17, 2019, the Hearing Officer affirmed claim denial. Claimant appealed to this Court, generating Appeal No. 2004526-DM.

After carefully considering the written evidence and arguments of counsel, the Appeals Officer finds and decides as follows:

FINDINGS OF FACT

1. The claimant, ROBERT HOLLAND, (hereinafter referred to as "claimant"), a retired police officer who was working corporate security at the time of this claim, alleges that on May 26, 2019, "while washing my vehicle I began to experience chest pain that radiated into my left arm. On Monday, 5/27/2019, I experienced the same symptoms occurred [sic] as I was leaving the gym." Dr. Wattoo completed two separate C-4 forms both indicating that the claimant had two heart attacks. One C-4 form added CAD, COPD, and emphysema to the listed diagnoses. Both noted three vessel

1 coronary artery disease with stenting. The claimant was taken off of work from May 27, 2019 to June  
2 17, 2019. (Exhibit A pp. 1-2)

3 2. The Employer's Report of Industrial Injury or Occupational Disease notes reporting of  
4 the claim on May 28, 2019, and it was also noted that the claimant had retired from the Employer.  
5 (Exhibit A p. 3)

6 3. During his tenure with the Employer, the claimant was informed of elevated  
7 triglycerides and was informed of the need to have a low fat diet.

8 4. On February 12, 2008, claimant's annual examining physician assessed elevated  
9 triglycerides and was ordered to adopt a low fat diet. (Exhibit A pp. 4-10)

10 5. On March 9, 2009, the claimant was informed of the need to correct elevated  
11 triglyceride and cholesterol levels. (Exhibit A pp. 11-18)

12 6. On February 22, 2010; the claimant was informed of abnormal lab results which  
13 included low HDL findings. (Exhibit A pp. 19-25)

14 7. On January 24, 2011, the claimant was informed of the need to correct elevated  
15 triglycerides, which were at 159, and the claimant was again advised to have a low fat diet. (Exhibit  
16 A pp. 26-34)

17 8. On April 9, 2012, the claimant was again informed of the need to correct elevated  
18 triglycerides, which had risen to 181 since the last examination, and was advised to have a low fat diet  
19 and increased "cardio + 4 gm/day omega 2." (Exhibit A pp. 35-44)

20 9. Claimant retired on December 29, 2012.

21 10. The claimant was hospitalized at he Summerlin Hospital Medical Center from May 29,  
22 2019, through June 4, 2019. Dr. Chaudry performed cardiac catheterization procedures on June 3,  
23 2019, which included stent and diagonal placement. It was noted that claimant had a history of  
24 asthma, hypothyroidism, and hypertension. (Exhibit A pp. 45-71)

25 11. On June 13, 2019, the adjuster sent a letter of introduction which asked the claimant to  
26 execute attached medical release and history forms. (Exhibit A pp. 72-76)

27 12. On June 20, 2019, the claimant executed a medical release and noted that in 2015, he  
28 was diagnosed with high blood pressure, and was on medication for the same. (Exhibit A pp. 77-80)

- 1 13. On July 23, 2019, a claim denial determination was issued. (Exhibit A pp. 81-84)
- 2 14. On July 31, 2019, the claimant's counsel issued a letter of representation. (Exhibit A p.
- 3 85)
- 4 15. On August 1, 2019, the adjuster acknowledged the claimant's counsel's letter of
- 5 representation. (Exhibit A p. 86)
- 6 16. On August 7, 2019, the claimant appealed the claim denial determination. (Exhibit A p.
- 7 87)
- 8 17. On August 9, 2019, the claimant's counsel was provided copies of the claim file and
- 9 was informed of copy charges associated therewith. (Exhibit A p. 88)
- 10 18. Following Hearing No. 2001960-JK, a Decision and Order was issued on September
- 11 17, 2019, which affirmed the denial of the claim. (Exhibit A pp. 89-90.) Claimant appealed. (Exhibit
- 12 A p. 91.)
- 13 19. The following evidence was marked and admitted: Claimant's Evidence Package (Ex.
- 14 1, pp. 1-171); and Employer's Index of Documents (Ex. A, pp. 1-91)
- 15 20. These Findings of Fact are based upon the credible and substantial evidence within the
- 16 record.
- 17 21. Any Finding of Fact more appropriately deemed a Conclusion of Law shall be so
- 18 deemed, and vice versa.

### CONCLUSIONS OF LAW

- 20 1. It is the claimant, not the Employer, who has the burden of proving her case, and that is
- 21 by a preponderance of all the evidence. State Industrial Insurance System v. Hicks, 100 Nev. 567, 688
- 22 P.2d 324 (1984); Johnson v. State ex rel. Wyoming Worker's Compensation Div., 798 P.2d 323
- 23 (1990); Hagler v. Micron Technology, Inc., 118 Idaho 596, 798 P.2d 55 (1990).
- 24 2. In attempting to prove her case, claimant has the burden of going beyond speculation
- 25 and conjecture. That means that claimant must establish the work connection of her injuries, the
- 26 causal relationship between the work-related injury and her disability, the extent of her disability, and
- 27 all facets of the claim by a preponderance of all of the evidence. To prevail, a claimant must present
- 28 and prove more evidence than an amount which would make her case and her opponent's "evenly

1 balanced." Maxwell v. SIIS, 109 Nev. 327, 849 P.2d 267 (1993); SIIS v. Khweiss, 108 Nev. 123, 825  
 2 P.2d 218 (1992); SIIS v. Kelly, 99 Nev. 774, 671 P.2d 29 (1983); 3, A. Larson, The Law of  
 3 Workmen's Compensation, § 80.33(a).

4 3. NRS 616A.010(2) makes it clear that:

5 A claim for compensation filed pursuant to the provisions of chapters  
 6 616A to 616D, inclusive, or chapter 617 of NRS must be decided on  
 7 its merit and not according to the principle of common law that  
 8 requires statutes governing worker's compensation to be liberally  
 9 construed because they are remedial in nature.

10 4. Here, the claimant has failed to meet the requirements for coverage under NRS 617.457  
 11 due to the claimant's history of failure to correct predisposing factors/conditions on a continuous  
 12 basis, despite being warned on multiple occasions that failure to do so could result in exclusion from  
 13 the benefits of the statute (after his retirement, the claimant admits that he has been diagnosed with  
 14 high blood pressure in 2015 and is/was taking medication for the same).

15 5. **NRS 617.457 Heart diseases as occupational diseases of**  
 16 **firefighters, arson investigators and police officers.**

17 1. Notwithstanding any other provision of this chapter, diseases  
 18 of the heart of a person who, for 2 years or more, has been employed in  
 19 a full-time continuous, uninterrupted and salaried occupation as a  
 20 firefighter, arson investigator or police officer in this State before the  
 21 date of disablement are conclusively presumed to have arisen out of  
 22 and in the course of the employment if the disease is diagnosed and  
 23 causes the disablement:

24 (a) During the course of that employment;

25 (b) If the person ceases employment before completing 20 years of  
 26 service as a police officer, firefighter or arson investigator, during the  
 27 period after separation from employment which is equal to the number  
 28 of years worked; or

(c) If the person ceases employment after completing 20 years or  
 more of service as a police officer, firefighter or arson investigator, at  
 any time during the person's life.

Service credit which is purchased in a retirement system must not be  
 calculated towards the years of service of a person for the purposes of  
 this section.

2. Frequent or regular use of a tobacco product within 1 year, or a  
 material departure from a physician's prescribed plan of care by a  
 person within 3 months, immediately preceding the filing of a claim for  
 compensation excludes a person who has separated from service from  
 the benefit of the conclusive presumption provided in subsection 1.

3. Notwithstanding any other provision of this chapter, diseases  
 of the heart, resulting in either temporary or permanent disability or  
 death, are occupational diseases and compensable as such under the

provisions of this chapter if caused by extreme overexertion in times of stress or danger and a causal relationship can be shown by competent evidence that the disability or death arose out of and was caused by the performance of duties as a volunteer firefighter by a person entitled to the benefits of chapters 616A to 616D, inclusive, of NRS pursuant to the provisions of NRS 616A.145 and who, for 5 years or more, has served continuously as a volunteer firefighter in this State by continuously maintaining an active status on the roster of a volunteer fire department.

4. Except as otherwise provided in subsection 5, each employee who is to be covered for diseases of the heart pursuant to the provisions of this section shall submit to a physical examination, including an examination of the heart, upon employment, upon commencement of coverage and thereafter on an annual basis during his or her employment.

5. During the period in which a volunteer firefighter is continuously on active status on the roster of a volunteer fire department, a physical examination for the volunteer firefighter is required:

- (a) Upon employment;
- (b) Upon commencement of coverage; and
- (c) Once every 3 years after the physical examination that is required pursuant to paragraph (b),  
 E until the firefighter reaches the age of 50 years. Each volunteer firefighter who is 50 years of age or older shall submit to a physical examination once every 2 years during his or her employment.

6. The employer of the volunteer firefighter is responsible for scheduling the physical examination. The employer shall mail to the volunteer firefighter a written notice of the date, time and place of the physical examination at least 10 days before the date of the physical examination and shall obtain, at the time of mailing, a certificate of mailing issued by the United States Postal Service.

7. Failure to submit to a physical examination that is scheduled by his or her employer pursuant to subsection 6 excludes the volunteer firefighter from the benefits of this section.

8. The chief of a volunteer fire department may require an applicant to pay for any physical examination required pursuant to this section if the applicant:

- (a) Applies to the department for the first time as a volunteer firefighter; and
- (b) Is 50 years of age or older on the date of his or her application.

9. The volunteer fire department shall reimburse an applicant for the cost of a physical examination required pursuant to this section if the applicant:

- (a) Paid for the physical examination in accordance with subsection 8;
- (b) Is declared physically fit to perform the duties required of a firefighter; and
- (c) Becomes a volunteer with the volunteer fire department.

10. Except as otherwise provided in subsection 8, all physical examinations required pursuant to subsections 4 and 5 must be paid for by the employer.

11. Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to a physical examination required pursuant to subsection 4 or 5 excludes the employee from the benefits of this section if the correction is within the ability of the employee.

12. A person who is determined to be:

(a) Partially disabled from an occupational disease pursuant to the provisions of this section; and

(b) Incapable of performing, with or without remuneration, work as a firefighter, arson investigator or police officer,  
 E may elect to receive the benefits provided under NRS 616C.440 for a permanent total disability.

13. Claims filed under this section may be reopened at any time during the life of the claimant for further examination and treatment of the claimant upon certification by a physician of a change of circumstances related to the occupational disease which would warrant an increase or rearrangement of compensation.

14. A person who files a claim for a disease of the heart specified in this section after he or she retires from employment as a firefighter, arson investigator or police officer is not entitled to receive any compensation for that disease other than medical benefits.

15. The Administrator shall review a claim filed by a claimant pursuant to this section that has been in the appeals process for longer than 6 months to determine the circumstances causing the delay in processing the claim. As used in this subsection, "appeals process" means the period of time that:

(a) Begins on the date on which the claimant first files or submits a request for a hearing or an appeal of a determination regarding the claim; and

(b) Continues until the date on which the claim is adjudicated to a final decision.

16. Except as otherwise provided in this subsection, if an employer, Administrator or third-party administrator denies a claim that was filed pursuant to this section and the claimant ultimately prevails, the Administrator may order the employer, Administrator or third-party administrator, as applicable, to pay to the claimant a benefit penalty of not more than \$200 for each day from the date on which an appeal is filed until the date on which the claim is adjudicated to a final decision. Such benefit penalty is payable in addition to any benefits to which the claimant is entitled under the claim and any fines and penalties imposed by the Administrator pursuant to NRS 616D.120. If a hearing before a hearing officer is requested pursuant to NRS 616C.315 and held pursuant to NRS 616C.330, the employer, Administrator or third-party administrator, as applicable, shall pay to the claimant all medical costs which are associated with the

1 occupational disease and are incurred from the date on which the  
 2 hearing is requested until the date on which the claim is adjudicated to  
 3 a final decision. If the employer, Administrator or third-party  
 4 administrator, as applicable, ultimately prevails, the employer,  
 5 Administrator or third-party administrator, as applicable, is entitled to  
 6 recover the amount paid pursuant to this subsection in accordance with  
 7 the provisions of NRS 616C.138.

8 5. Claimant was employed as a police officer with the Las Vegas Metropolitan Police  
 9 Department from 1987 until his retirement in 2012. (Ex. A, p. 3).

10 6. Claimant attended annual physicals from 2008 through 2012. At his 2008 physical, his  
 11 labs revealed elevated triglyceride levels. (Ex. 1, p. 48). At his 2009 physical, his labs revealed  
 12 elevated cholesterol, triglycerides, and LDL levels. (Ex. 1, p. 91). At his 2010 physical, his lab results  
 13 revealed an elevated LDL level. (Ex. 1, pp. 119). At his 2011 physical, his lab results revealed  
 14 elevated cholesterol and triglyceride levels and he was instructed to start a low-fat diet. (Ex. 1, pp.  
 15 122-23). At his 2012 physical, his labs revealed elevated triglycerides and he was instructed to begin a  
 16 low-fat diet and increase cardiovascular exercise. (Ex. 1, pp. 149). Claimant retired in 2012 and so did  
 17 not undergo any additional physicals.

18 7. On May 29, 2019, Claimant visited Summerlin Hospital with symptoms of a heart  
 19 attack. There, he was diagnosed with two heart attacks, coronary artery disease (CAD), chronic  
 20 obstructive pulmonary disease (COPD), and emphysema. (Ex. A, p. 1). Claimant was admitted to the  
 21 hospital for six days, until June 4, 2019. (Ex. 1, pp. 13-40). On the day of his discharge from the  
 22 hospital, Claimant was advised by Dr. Mojica that, "he likely should stop the testosterone since it may  
 23 be causing erythrocytosis and could have precipitated his heart disease." (Ex. 1, p. 40). Claimant's  
 24 blood was taken and analyzed on May 30, 2019. (Ex. 1, p. 39)

25 ...

26 ...

27 ...

8. This Court converted the data from Claimant's physicals and his 2019 hospitalization into the following chart for ease of reference, with asterisks denoting the years and levels for which he received written warnings:

	2008	2009	2010	2011	2012	2019
Cholesterol	188	223	189	186*	186	132
Triglycerides	175	177	130	159*	181*	348
LDL	125	153	128	117	120	86

9. On July 23, 2019, Administrator denied the claim. On September 17, 2019, a Hearing Officer issued a Decision and Order affirming Administrator's July 23, 2019, determination. Claimant now appeals, seeking acceptance of his claim for heart disease under NRS 617.457.

10. NRS 617.457(1) provides that occupational disease claimants who are disabled by heart disease after having continuously worked as full-time police for two or more years are entitled to a conclusive presumption that the heart disease was a sufficiently work-related occupational disease. NRS 617.457(11) provides an exception to this presumption, when an examining physician orders a claimant in writing to correct predisposing conditions which lead to heart disease and the claimant fails to do so, if the correction is within the ability of the claimant.

11. Claimant seeks claim acceptance for heart diseases under NRS 617.457. Claimant has adduced evidence constituting a preponderance that he was a police officer for more than two years and suffers from at least one disabling heart disease. Claimant was hospitalized for six days due to two heart attacks and was diagnosed with coronary artery disease during that stay.

12. Administrator contends that Claimant should be precluded from coverage because he did not correct the predisposing conditions of which he was properly warned. Claimant was warned in 2011 and 2012 of high triglyceride levels, and when he was admitted to the hospital in 2019, his triglyceride level was almost double what it was in 2012. This evidence alone satisfies Administrator's burden of establishing the existence of a predisposing condition that Claimant was ordered in writing

1 to correct and which was within his ability to correct. Claimant has offered no evidence to contradict  
2 any of these points. In fact, Claimant wrongly states that Claimant's triglyceride level was "normal" at  
3 the time of his 2012 physical. The medical records in evidence establish that Claimant failed to correct  
4 his predisposing condition of high triglycerides, and therefore he must be excluded from coverage  
5 under NRS 617.457.

6 **DECISION AND ORDER**

7 The claimant, ROBERT HOLLAND, has failed to meet her burden of establishing a  
8 compensable claim.

9 IT IS HEREBY ORDERED that the Hearing Officer's Decision and Order dated  
10 September 17, 2019, which affirmed claim denial, is AFFIRMED.

11 IT IS ALSO HEREBY ORDERED that the July 23, 2019 determination denying the  
12 claim is AFFIRMED.

13 IT IS SO ORDERED.

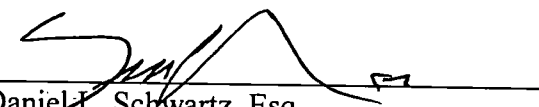
14 DATED this 21<sup>st</sup> day of July, 2020.

15   
16 DENISE S. MCKAY, ESQ.  
17 APPEALS OFFICER

18 **NOTICE:** Pursuant to NRS 233B.130, should any party desire to appeal this final decision of  
19 the Appeals Officer, a Petition for Judicial Review must be filed with the District Court within  
20 thirty (30) days after service by mail of this decision.

21 Submitted by:

22 LEWIS BRISBOIS BISGAARD & SMITH LLP

23 By:   
24 Daniel L. Schwartz, Esq.  
25 Nevada Bar No. 5125  
26 2300 W. Sahara Ave., Ste. 300, Box 28  
27 Las Vegas, NV 89102  
28 Attorneys for the Employer

**CERTIFICATE OF MAILING**

The undersigned, an employee of the State of Nevada, Department of Administration, Appeals 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 file maintained by the Division, 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada, to the following:

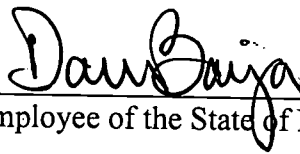
LISA ANDERSON, ESQ.  
GREENMAN GOLDBERG RABY & MARTINEZ  
2770 S. MARYLAND PKWY., STE. 100  
LAS VEGAS, NV 89109

LVMPD - HEALTH DETAIL  
ATTN.: BERNADINE WELSH  
400 S. MARTIN L. KING BLVD., STE. B  
LAS VEGAS, NV 89106

CCMSI  
ATTN.: LISA KOEHLER  
P.O. BOX 35350  
LAS VEGAS, NV 89133

DANIEL L. SCHWARTZ, ESQ.  
LEWIS BRISBOIS BISGAARD & SMITH LLP  
2300 W. SAHARA AVE., STE. 300, BOX 28  
LAS VEGAS, NV 89102

DATED this 27<sup>th</sup> day of July, 2020.



An employee of the State of Nevada



LEWIS BRISBOIS BISGAARD &amp; SMITH LLP

Daniel L. Schwartz  
 2300 W. Sahara Avenue, Suite 300, Box 28  
 Las Vegas, Nevada 89102  
 Daniel.Schwartz@lewisbrisbois.com  
 Direct: 702.583.6001

July 17, 2020

File No. 33307.610

Appeals Officer Denise S. McKay, Esq.  
 NEVADA DEPT. OF ADMINISTRATION  
 Appeals Division, Appeals Office  
 2200 South Rancho Drive, Suite 220  
 Las Vegas, NV 89102

**FILED**  
**JUL 17 2020**  
**HEARINGS DIVISION**

RE: Claimant : Robert Holland  
 Employer : LVMPD  
 Claim No. : 19D34F989694  
 Appeal No. : 2004526-DM

Dear Appeals Officer McKay:

Attached for your review is the proposed Decision and Order in the above-referenced matter. In the event that modifications to the document become necessary, I will amend the Decision and Order at your direction.

Please withhold signing this Decision and Order for a period of five (5) days to allow opposing counsel the opportunity to review it.

Thank you for your time and attention in this matter. If you have any questions or comments regarding this letter, please feel free to contact me.

Very truly yours,

Daniel L. Schwartz, Esq.  
 LEWIS BRISBOIS BISGAARD & SMITH LLP

DLS/sj  
 Enclosure  
 cc: Lisa M. Anderson, Esq.

DOCOOL

Steve Sisolak  
Governor



Laura E. Freed  
Director  
Colleen Murphy  
Deputy Director  
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Senior Appeals Officer

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STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
Hearings Division  
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Las Vegas, Nevada 89102  
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Las Vegas, Nevada 89102  
(702) 486-2527 | Fax (702) 486-2555

June 26, 2020

LISA M ANDERSON ESQ  
GREENMAN GOLDBERG RABY & MARTINEZ  
2770 S MARYLAND PKWY STE 100  
LAS VEGAS, NV 89109

Re: **HOLLAND, ROBERT**  
Appeal # **2004526-DM**

Dear Ms. Anderson:

Having considered the parties' evidence<sup>1</sup> and counsel's respective arguments, I find and conclude as follows:

**Findings of Fact**

Claimant was employed as a police officer with the Las Vegas Metropolitan Police Department from 1987 until his retirement in 2012. (Ex. A, p. 3).

Claimant attended annual physicals from 2008 through 2012. At his 2008 physical, his labs revealed elevated triglyceride levels. (Ex. 1, p. 48). At his 2009 physical, his labs revealed elevated cholesterol, triglycerides, and LDL levels. (Ex. 1, p. 91). At his 2010 physical, his lab results revealed an elevated LDL level. (Ex. 1, pp. 119). At his 2011 physical, his lab results revealed elevated cholesterol and triglyceride levels and he was instructed to start a low-fat diet. (Ex. 1, pp. 122-23). At his 2012 physical, his labs revealed elevated triglycerides and he was instructed to begin a low-fat diet and increase cardiovascular exercise. (Ex. 1, pp. 149). Claimant retired in 2012 and so did not undergo any additional physicals.

On May 29, 2019, Claimant visited Summerlin Hospital with symptoms of a heart attack. There, he was diagnosed with two heart attacks, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), and emphysema. (Ex. A, p. 1). Claimant was admitted to the hospital for six days, until June 4, 2019. (Ex. 1, pp. 13-40). On the day of his discharge from the

<sup>1</sup> The following evidence was marked and admitted: Claimant's Evidence Package (Ex. 1, pp. 1-171); and Employer's Index of Documents (Ex. A, pp. 1-91).

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hospital, Claimant was advised by Dr. Mojica that, "he likely should stop the testosterone since it may be causing erythrocytosis and could have precipitated his heart disease." (Ex. 1, p. 40). Claimant's blood was taken and analyzed on May 30, 2019. (Ex. 1, p. 39).

I converted the data from Claimant's physicals and his 2019 hospitalization into the following chart for ease of reference, with asterisks denoting the years and levels for which he received written warnings:

	2008	2009	2010	2011	2012	2019
Cholesterol	188	223	189	186*	186	132
Triglycerides	175	177	130	159*	181*	348
LDL	125	153	128	117	120	86

On July 23, 2019, Insurer denied the claim. On September 17, 2019, a Hearing Officer issued a Decision and Order affirming Insurer's July 23, 2019, determination. Claimant now appeals, seeking acceptance of his claim for heart disease under NRS 617.457.

### Conclusions of Law

NRS 617.457(1) provides that occupational disease claimants who are disabled by heart disease after having continuously worked as full-time police for two or more years are entitled to a conclusive presumption that the heart disease was a sufficiently work-related occupational disease. NRS 617.457(11) provides an exception to this presumption, when an examining physician orders a claimant in writing to correct predisposing conditions which lead to heart disease and the claimant fails to do so, if the correction is within the ability of the claimant.

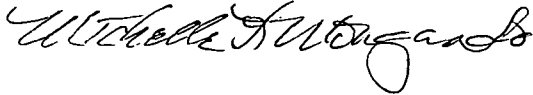
Claimant seeks claim acceptance for heart diseases under NRS 617.457. Claimant has adduced evidence constituting a preponderance that he was a police officer for more than two years and suffers from at least one disabling heart disease. Claimant was hospitalized for six days due to two heart attacks and was diagnosed with coronary artery disease during that stay.


Insurer contends that Claimant should be precluded from coverage because he did not correct the predisposing conditions of which he was properly warned. Claimant was warned in 2011 and 2012 of high triglyceride levels, and when he was admitted to the hospital in 2019, his triglyceride level was almost double what it was in 2012. This evidence alone satisfies Insurer's burden of establishing the existence of a predisposing condition that Claimant was ordered in writing to correct and which was within his ability to correct. Claimant has offered no evidence to contradict any of these points. In fact, Claimant wrongly states that Claimant's triglyceride

level was "normal" at the time of his 2012 physical. The medical records in evidence establish that Claimant failed to correct his predisposing condition of high triglycerides, and therefore he must be excluded from coverage under NRS 617.457.

Accordingly, please prepare a Decision and Order AFFIRMING the Hearing Officer's September 17, 2019, determination and AFFIRMING the Insurer's July 23, 2019, determination. Please serve the draft Decision and Order on all parties pursuant to NAC 616C.306.

Very truly yours,



 DENISE S MCKAY, ESQ.  
APPEALS OFFICER

cc: DANIEL SCHWARTZ, ESQ.

**BEFORE THE APPEALS OFFICER**

In the Matter of the Contested )  
Industrial Insurance Claim of: )

Appeals No. : 2004526-DM

ROBERT HOLLAND )

Claim No. : 19D34F989694

Claimant )

**FILED**  
MAY 21 2020  
HEARINGS DIVISION

**CLAIMANT'S REPLY BRIEF**

COMES NOW, Claimant, ROBERT HOLLAND (hereinafter "Claimant"), by and through his attorney, LISA M. ANDERSON, ESQ., of the law firm of GREENMAN GOLDBERG RABY & MARTINEZ and submits the following Reply Brief in support of his position.

**ISSUE**

Whether the Hearing Officer's September 17, 2019 Decision and Order (2001960-DM) affirming the Insurer's July 23, 2019 determination denying liability for the May 26, 2019 claim for occupational heart disease was proper.

**ARGUMENT**

1. **Claimant took the necessary step to correct his predisposing conditions as outlined in NRS 617.457(11).**

The Employer stated in its Answering Brief that "claimant's history of failure to correct predisposing factors/conditions on a continuous basis, despite being warned on multiple occasions that failure to do so could result in exclusion from the benefits of the statute." The Employer further argued that "[t]here is no evidence that claimant took any steps to either correct his preexisting conditions or even attempt to improve his health." Claimant contends that his annual physicals from 2008 through his 2012 retirement confirms that he took necessary steps

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1 to lower his elevated levels when so instructed. Moreover, when Claimant was diagnosed with  
2 hypertension, he immediately went on and complied with a medication regimen.

3 From 2008 through 2012, Claimant's cholesterol was 188 (2008), 223 (2009), 189  
4 (2010), 186 (2011) and 186 (2012). Cholesterol under 200 is considered normal.

5 From 2008 through 2012, Claimant's triglycerides were 175 (2008), 177 (2009), 130  
6 (2010), 159 (2011) and 181 (2012). Triglycerides under 150 is considered normal.

7 Claimant's 2012 Annual Physical coversheet signed by the attending physician confirms  
8 that the only predisposing condition indicated with an 'X' was abnormal hearing. SEE  
9  
10 CLAIMANT'S PAGE 148.

11 The Nevada Supreme Court in Manwill v. Clark County, 162 P.3d 876, 123 Nev. 28  
12 (2007) held a claimant has **no** burden to disprove the failure to correct predisposing conditions  
13 did not lead to a claimant's heart disease under NRS 617.457(11), or that no predisposing  
14 conditions exist, to receive the benefits under NRS 617.457. *See*, 123 Nev. 238, 242-44 (2007).  
15 The predisposing conditions section under NRS 617.457 has existed since 1973. NRS  
16 617.457(11); *see*, 1973 Nev. Stat. ch. 504, § 1, at 769. In 1989, the Nevada legislature set the  
17 current conclusive presumption found in NRS 617.457(1). 1989 Nev. Stat. ch. 480, § 2, at 1021.  
18 Since that time, the Nevada legislature has only expanded the ability for claims under NRS  
19 617.457 to be accepted. *Compare* NRS 617.457(1989) *with* NRS 617.457(2017); *see also*,  
20 Manwill, 123 Nev. 238; Gallagher v. City of Las Vegas, 114 Nev. 595, 601, 959 P.2d 519, 522  
21 (1998).

22 The Manwill Court knew the existence of, and failure to correct, predisposing conditions  
23 would exclude a claimant from benefits under NRS 617.457. Manwill, 123 Nev. 238, 242-43.  
24 However, the Court found a claimant has absolutely no burden to show they do not have any  
25  
26  
27  
28

1 predisposition conditions and/or had the ability to correct them but failed to do so. *See, Id.* at  
 2 244. If such a burden and requirement existed, then the Nevada Supreme Court would have  
 3 listed it as such, but instead merely requires a claimant to “show only two things: heart disease  
 4 and five years' qualifying employment before disablement.” *Id.* at 242-44. The claimant in  
 5 *Manwill* did not have to show the correction of a predisposing condition within their ability to  
 6 correct nor did he have to show no predisposing conditions existed. *Id.*

8 As such, it is the opposing party's burden to meet the requirements under NRS  
 9 617.457(11) to exclude a claimant from receiving the benefits under NRS 617.457, which states:

11 Failure to correct predisposing conditions which lead to heart  
 12 disease when so ordered in writing by the examining physician  
 13 subsequent to a physical examination required pursuant to  
 14 subsection 4 or 5 excludes the employee from the benefits of this  
 15 section if the correction is within the ability of the employee.

16 The plain and ordinary language of the statute shows the opposing party is required to  
 17 prove five elements: 1) the claimant has a predisposing condition(s); 2) the predisposing  
 18 condition(s) actually lead to the heart disease in question; 3) the claimant was ordered, in writing,  
 19 by the examining physician to correct the predisposing condition(s); 4) the written order was  
 20 given subsequent to a physical examination required pursuant to subsection 4 or 5; and 5) the  
 21 ordered correction is within the ability of the employee to perform. NRS 617.457(11).

22 Here, Claimant's annual physicals from 2008 through his 2012 retirement revealed  
 23 periodic elevated cholesterol and triglycerides. The 2008 annual physical showed that Claimant  
 24 had elevated triglycerides at 175. The 2009 annual physical showed that Claimant had elevated  
 25 cholesterol at 223 and elevated triglycerides at 177. Claimant's 2010 annual physical confirmed  
 26 normal cholesterol and triglycerides levels, which establishes appropriate corrective measures  
 27 were taken. The 2011 annual physical revealed slightly elevated cholesterol (HDL) at 37 and  
 28

1 triglycerides at 159. Claimant's 2012 annual physical confirmed normal cholesterol and  
 2 triglycerides levels, which establishes appropriate corrective measures were taken. SEE  
 3 CLAIMANT'S PAGES 48-171. Based upon the annual physicals, Claimant took appropriate  
 4 measures, whenever instructed to do so, to correct any predisposing conditions that required  
 5 corrective action that lead to his occupationally related heart diseases.  
 6

7 **2. The available medical evidence confirms that Claimant was diagnosed with a**  
 8 **disabling disease of the heart as required under NRS 617.457.**

9 As was detailed in Claimant's Opening Brief, the medical evidence from Dr. Dost  
 10 Wattoo makes clear that Claimant has been diagnosed with a disease of the heart. Specifically,  
 11 Claimant has been diagnosed with **three (3) vessel coronary artery disease with stinting**  
 12 **following two (2) heart attacks**. Claimant was totally disabled from May 27, 2019 through  
 13 June 17, 2019. Dr. Wattoo has opined that this heart condition WAS defined as a **disabling**  
 14 disease of the heart. SEE CLAIMANT'S PAGES 13-40. Based on the medical evidence  
 15 provided, Claimant's cardiac conditions have properly been classified as **disabling** "heart  
 16 disease."  
 17

18 Claimant has maintained full-time continuous and uninterrupted employment as a  
 19 corrections officer with the Las Vegas Metropolitan Police Department from 1987 through his  
 20 2012 retirement. Consequently, Claimant worked in a qualifying police officer position for  
 21 SIGNIFICANTLY MORE THAN statutorily required two (2) years before the date of his  
 22 **disabling** occupational disease claim.  
 23

24 **CONCLUSION**

25 Accordingly, Claimant, ROBERT HOLLAND, respectfully requests that the Appeals  
 26 Officer REVERSE the June 23, 2019 claim denial and ORDER the Insurer to accept liability for  
 27  
 28

1 the May 26, 2019 claim for occupational heart disease and provide all appropriate workers'  
2 compensation benefits.

3 DATED this 20<sup>th</sup> day of May, 2020.

4  
5 GREENMAN GOLDBERG RABY & MARTINEZ

6  
7 By 

LISA M. ANDERSON, ESQ.

Nevada Bar No. 004907

ERIK S. TONDEVOLD, ESQ.


Nevada Bar No. 014959

2770 South Maryland Parkway

Suite 100

Las Vegas, Nevada 89109

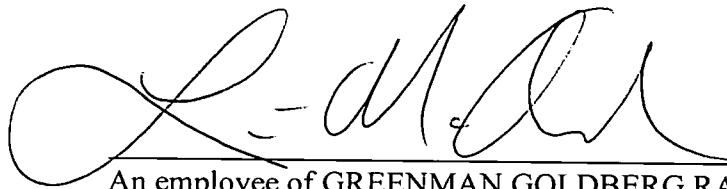
Attorneys for Claimant

  
Greenman Goldberg Raby Martinez  
ACCIDENT INJURY ATTORNEYS

**CERTIFICATE OF SERVICE**

I do hereby certify that on the 20<sup>th</sup> day of May, 2020, I caused a true and correct copy of the foregoing **CLAIMANT'S REPLY BRIEF** to be duly mailed, postage prepaid, hand delivered **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, Appeals Office, 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada 89102, to the following:

Daniel L. Schwartz, Esq.  
LEWIS BRISBOIS BISGAARD & SMITH  
2300 West Sahara Avenue  
Suite 300, Box 28  
Las Vegas, Nevada 89102



An employee of GREENMAN GOLDBERG RABY & MARTINEZ

Greenman Goldberg Raby Martinez  
ACCIDENT INJURY ATTORNEYS

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

In the Matter of the Contested  
Industrial Insurance Claim

of

ROBERT HOLLAND  
7409 SANDPEBBLE LN.  
LAS VEGAS, NV 89129,

Claimant.

Claim No.: 19D34F989694

Hearing No.: 2001960-JK

Appeal No.: 2004526-DM

Employer:  
LVMPD-HEALTH DETAIL  
400 S. MARTIN L. KING BLVD., STE. B  
LAS VEGAS, NV 89106

FILED  
MAY 04 2020

**EMPLOYER'S WRITTEN CLOSING ARGUMENT**

COMES NOW the Employer, LAS VEGAS METROPOLITAN POLICE DEPARTMENT, (hereinafter referred to as "Employer"), by and through its attorneys, DANIEL L. SCHWARTZ, ESQ., and LEWIS BRISBOIS BISGAARD & SMITH LLP, and submits its Written Closing Argument as requested by the Appeals Officer. In support of its position, the Employer states as follows:

**STATEMENT OF THE ISSUES**

The following issue is before the Appeals Officer for review:

1. Whether the determination to deny the claim is proper.

I.

**STATEMENT OF THE FACTS**

The claimant, ROBERT HOLLAND, (hereinafter referred to as "claimant"), a **retired police officer who was working corporate security at the time of this claim**, alleges that on May 26, 2019, "while washing my vehicle I began to experience chest pain that radiated into my left arm. On Monday, 5/27/2019, I experienced the same symptoms occurred [sic] as I was leaving the gym." Dr. Wattoo completed two separate C-4 forms both indicating that the claimant had two heart attacks. One C-4 form added CAD, COPD, and emphysema to the listed diagnoses. Both noted three vessel coronary artery disease with stenting. The claimant was taken off of work from May 27, 2019 to June 17, 2019. (Exhibit pp. 1-2)

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1 The Employer's Report of Industrial Injury or Occupational Disease notes reporting of  
2 the claim on May 28, 2019, and it was also noted that the claimant had retired from the  
3 Employer. (Exhibit p. 3)

4 During his tenure with the Employer, the claimant was informed of elevated triglycerides  
5 and was informed of the need to have a low fat diet.

6 On February 12, 2008, claimant's annual examining physician assessed elevated  
7 triglycerides and was ordered to adopt a low fat diet. (Exhibit pp. 4-10)

8 On March 9, 2009, the claimant was informed of the need to correct elevated triglyceride  
9 and cholesterol levels. (Exhibit pp. 11-18)

10 On February 22, 2010, the claimant was informed of abnormal lab results which included  
11 low HDL findings. (Exhibit pp. 19-25)

12 On January 24, 2011, the claimant was informed of the need to correct elevated  
13 triglycerides, which were at 159, and the claimant was again advised to have a low fat diet.  
14 (Exhibit pp. 26-34)

15 On April 9, 2012, the **claimant was again informed of the need to correct elevated**  
16 **triglycerides, which had risen to 181 since the last examination,** and was advised to have a  
17 low fat diet and increased "cardio + 4 gm/day omega 2." (Exhibit pp. 35-44)

18 Claimant retired on December 29, 2012.

19 The claimant was hospitalized at he Summerlin Hospital Medical Center from May 29,  
20 2019, through June 4, 2019. Dr. Chaudry performed cardiac catheterization procedures on June  
21 3, 2019, which included stent and diagonal placement. It was noted that claimant had a history  
22 of asthma, hypothyroidism, and hypertension. (Exhibit pp. 45-71)

23 On June 13, 2019, the adjuster sent a letter of introduction which asked the claimant to  
24 execute attached medical release and history forms. (Exhibit pp. 72-76)

25 On June 20, 2019, the claimant executed a medical release and noted that in 2015, he was  
26 diagnosed with high blood pressure, and was on medication for the same. (Exhibit pp. 77-80)

27 ...

28 ...

1 On July 23, 2019, a claim denial determination was issued. (Exhibit pp. 81-84)

2 On July 31, 2019, the claimant's counsel issued a letter of representation. (Exhibit p. 85)

3 On August 1, 2019, the adjuster acknowledged the claimant's counsel's letter of  
4 representation. (Exhibit p. 86)

5 On August 7, 2019, the claimant appealed the claim denial determination. (Exhibit p. 87)

6 On August 9, 2019, the claimant's counsel was provided copies of the claim file and was  
7 informed of copy charges associated therewith. (Exhibit p. 88)

8 Following Hearing No. 2001960-JK, a Decision and Order was issued on September 17,  
9 2019, which affirmed the denial of the claim. (Exhibit pp. 89-90.) Claimant appealed. (Exhibit  
10 p. 91.)

11 This appeal ensues.

## 12 II.

### 13 ARGUMENT

#### 14 A.

#### 15 The Claimant Bears the Burden

16 It is the claimant, not the Employer, who has the burden of proving his case, and  
17 that is by a preponderance of all the evidence. State Industrial Insurance System v. Hicks, 100  
18 Nev. 567, 688 P.2d 324 (1984); Johnson v. State ex rel. Wyoming Worker's Compensation Div.,  
19 798 P.2d 323 (1990); Hagler v. Micron Technology, Inc., 118 Idaho 596, 798 P.2d 55 (1990).

20 In attempting to prove his case, the claimant has the burden of going beyond  
21 speculation and conjecture. That means that the claimant must establish the work connection of  
22 his injuries, the causal relationship between the work-related injury and his disability, the extent  
23 of his disability, and all facets of the claim by a preponderance of all of the evidence. To prevail,  
24 a claimant must present and prove more evidence than an amount which would make his case  
25 and his opponent's "evenly balanced." Maxwell v. SIIS, 109 Nev. 327, 849 P.2d 267 (1993);  
26 SIIS v. Khweiss, 108 Nev. 123, 825 P.2d 218 (1992); SIIS v. Kelly, 99 Nev. 774, 671 P.2d 29  
27 (1983); 3, A. Larson, The Law of Workmen's Compensation, § 80.33(a).

28

1 NRS 616A.010(2) makes it clear that:

2 A claim for compensation filed pursuant to the provisions of  
3 chapters 616A to 616D, inclusive, or chapter 617 of NRS must be  
4 decided on its merit and not according to the principle of common  
law that requires statutes governing worker's compensation to be  
liberally construed because they are remedial in nature.

5 **B.**

6 **Claim Denial is Proper**

7 Here, the claimant has failed to meet the requirements for coverage under NRS 617.457  
8 due to the claimant's history of failure to correct predisposing factors/conditions on a continuous  
9 basis, despite being warned on multiple occasions that failure to do so could result in exclusion  
10 from the benefits of the statute (after his retirement, the claimant admits that he has been  
11 diagnosed with high blood pressure in 2015 and is/was taking medication for the same).

12 **NRS 617.457 Heart diseases as occupational diseases of  
13 firefighters, arson investigators and police officers.**

14 1. Notwithstanding any other provision of this chapter,  
15 diseases of the heart of a person who, for 2 years or more, has been  
16 employed in a full-time continuous, uninterrupted and salaried  
occupation as a firefighter, arson investigator or police officer in  
this State before the date of disablement are conclusively presumed  
to have arisen out of and in the course of the employment if the  
disease is diagnosed and causes the disablement:

17 (a) During the course of that employment;

18 (b) If the person ceases employment before completing 20  
19 years of service as a police officer, firefighter or arson investigator,  
20 during the period after separation from employment which is equal  
to the number of years worked; or

21 (c) If the person ceases employment after completing 20 years  
22 or more of service as a police officer, firefighter or arson  
investigator, at any time during the person's life.

23 E Service credit which is purchased in a retirement system must  
24 not be calculated towards the years of service of a person for the  
25 purposes of this section.

26 2. Frequent or regular use of a tobacco product within 1 year,  
27 or a material departure from a physician's prescribed plan of care  
28 by a person within 3 months, immediately preceding the filing of a  
claim for compensation excludes a person who has separated from  
service from the benefit of the conclusive presumption provided in  
subsection 1.

3. Notwithstanding any other provision of this chapter,  
diseases of the heart, resulting in either temporary or permanent  
disability or death, are occupational diseases and compensable as  
such under the provisions of this chapter if caused by extreme  
overexertion in times of stress or danger and a causal relationship

1 can be shown by competent evidence that the disability or death  
2 arose out of and was caused by the performance of duties as a  
3 volunteer firefighter by a person entitled to the benefits of chapters  
4 616A to 616D, inclusive, of NRS pursuant to the provisions of  
5 NRS 616A.145 and who, for 5 years or more, has served  
6 continuously as a volunteer firefighter in this State by continuously  
7 maintaining an active status on the roster of a volunteer fire  
8 department.

9 4. Except as otherwise provided in subsection 5, each  
10 employee who is to be covered for diseases of the heart pursuant to  
11 the provisions of this section shall submit to a physical  
12 examination, including an examination of the heart, upon  
13 employment, upon commencement of coverage and thereafter on  
14 an annual basis during his or her employment.

15 5. During the period in which a volunteer firefighter is  
16 continuously on active status on the roster of a volunteer fire  
17 department, a physical examination for the volunteer firefighter is  
18 required:

19 (a) Upon employment;  
20 (b) Upon commencement of coverage; and  
21 (c) Once every 3 years after the physical examination that is  
22 required pursuant to paragraph (b),  
23 E until the firefighter reaches the age of 50 years. Each volunteer  
24 firefighter who is 50 years of age or older shall submit to a  
25 physical examination once every 2 years during his or her  
26 employment.

27 6. The employer of the volunteer firefighter is responsible for  
28 scheduling the physical examination. The employer shall mail to  
the volunteer firefighter a written notice of the date, time and place  
of the physical examination at least 10 days before the date of the  
physical examination and shall obtain, at the time of mailing, a  
certificate of mailing issued by the United States Postal Service.

7. Failure to submit to a physical examination that is  
scheduled by his or her employer pursuant to subsection 6 excludes  
the volunteer firefighter from the benefits of this section.

8. The chief of a volunteer fire department may require an  
applicant to pay for any physical examination required pursuant to  
this section if the applicant:

(a) Applies to the department for the first time as a volunteer  
firefighter; and  
(b) Is 50 years of age or older on the date of his or her  
application.

9. The volunteer fire department shall reimburse an applicant  
for the cost of a physical examination required pursuant to this  
section if the applicant:

(a) Paid for the physical examination in accordance with  
subsection 8;  
(b) Is declared physically fit to perform the duties required of a  
firefighter; and

1 (c) Becomes a volunteer with the volunteer fire department.

2 10. Except as otherwise provided in subsection 8, all physical  
3 examinations required pursuant to subsections 4 and 5 must be  
4 paid for by the employer.

5 11. Failure to correct predisposing conditions which lead to  
6 heart disease when so ordered in writing by the examining  
7 physician subsequent to a physical examination required pursuant  
8 to subsection 4 or 5 excludes the employee from the benefits of  
9 this section if the correction is within the ability of the employee.

10 12. A person who is determined to be:

11 (a) Partially disabled from an occupational disease pursuant to  
12 the provisions of this section; and

13 (b) Incapable of performing, with or without remuneration,  
14 work as a firefighter, arson investigator or police officer,  
15 E may elect to receive the benefits provided under NRS 616C.440  
16 for a permanent total disability.

17 13. Claims filed under this section may be reopened at any  
18 time during the life of the claimant for further examination and  
19 treatment of the claimant upon certification by a physician of a  
20 change of circumstances related to the occupational disease which  
21 would warrant an increase or rearrangement of compensation.

22 14. A person who files a claim for a disease of the heart  
23 specified in this section after he or she retires from employment as  
24 a firefighter, arson investigator or police officer is not entitled to  
25 receive any compensation for that disease other than medical  
26 benefits.

27 15. The Administrator shall review a claim filed by a  
28 claimant pursuant to this section that has been in the appeals  
process for longer than 6 months to determine the circumstances  
causing the delay in processing the claim. As used in this  
subsection, "appeals process" means the period of time that:

(a) Begins on the date on which the claimant first files or  
submits a request for a hearing or an appeal of a determination  
regarding the claim; and

(b) Continues until the date on which the claim is adjudicated  
to a final decision.

16. Except as otherwise provided in this subsection, if an  
employer, insurer or third-party administrator denies a claim that  
was filed pursuant to this section and the claimant ultimately  
prevails, the Administrator may order the employer, insurer or  
third-party administrator, as applicable, to pay to the claimant a  
benefit penalty of not more than \$200 for each day from the date  
on which an appeal is filed until the date on which the claim is  
adjudicated to a final decision. Such benefit penalty is payable in  
addition to any benefits to which the claimant is entitled under the  
claim and any fines and penalties imposed by the Administrator  
pursuant to NRS 616D.120. If a hearing before a hearing officer is  
requested pursuant to NRS 616C.315 and held pursuant to NRS

616C.330, the employer, insurer or third-party administrator, as applicable, shall pay to the claimant all medical costs which are associated with the occupational disease and are incurred from the date on which the hearing is requested until the date on which the claim is adjudicated to a final decision. If the employer, insurer or third-party administrator, as applicable, ultimately prevails, the employer, insurer or third-party administrator, as applicable, is entitled to recover the amount paid pursuant to this subsection in accordance with the provisions of NRS 616C.138.

Here, between 2008 and 2012, claimant was consistently warned about his high triglycerides and ordered to correct the same. Indeed, in 2011, claimant was warned in writing to lower his triglycerides, which were at 159. *Claimant, however, not only failed to do this, but in 2012, his triglycerides were even higher, at 181.*<sup>1</sup> Claimant was again notified in writing of the need to lower this figure. Not only was claimant consistently instructed to lower his triglycerides, claimant was also instructed that he could do so by adopting a low fat diet and increasing his exercise.

There is no evidence that claimant took any steps to either correct his preexisting conditions or even attempt to improve his health. Indeed, claimant was assessed with high blood pressure in 2015 and there is no indication that claimant has done anything to change his diet and/or lifestyle to decrease his risk for heart disease.

It must also be noted that claimant's Hearing Memorandum contains the incorrect standard regarding predisposing conditions. Counsel has stated the following regarding NRS 617.457(11):

The plain and ordinary language of the statute shows the opposing party is required to prove five elements: 1) the Respondent has predisposing condition(s); 2) the predisposing condition(s) actually lead to the heart disease in question; 3) the Respondent was ordered, in writing by the examining physician to correct the predisposing condition(s); 4) the written order was given subsequent to a physical examination required pursuant to subsection 4 or 5; and 5) the ordered correction is within the ability of the employee to perform.

(Claimant's Hearing Memorandum p. 6)

<sup>1</sup> Claimant's memo incorrectly states that claimant's triglycerides were "normal" in 2012. This is patently false. As with evidence submitted by Employer, claimant's own evidence notes a triglyceride level of 181 for the 2012 exam. It also notable that the prior year's level (159) is provided in handwritten form. (Claimant's Exhibits, p. 166).

1 Employer agrees that the above is a correct summation of the law except for the second  
 2 part of the test. The statute does not require that any of the predisposing conditions "actually  
 3 lead to the heart disease in question." The statute only requires that the claimant be diagnosed  
 4 with "predisposing conditions which lead to heart disease." There is no requirement to show that  
 5 the predisposing condition actually caused the heart disease in question. Such a requirement runs  
 6 counter to the concept of a *predisposing* condition.

7 The statute refers to *predisposing* conditions, not conditions that actually caused the heart  
 8 disease. If Your Honor were to allow such a requirement, claimants could be diagnosed with  
 9 conditions which make heart disease more likely, the claimants then fail to correct the same and  
 10 then cross their fingers that a physician does not cite the predisposing condition as a cause of the  
 11 heart disease. The statute does not ask whether a claimant *should have* corrected a condition after  
 12 the fact. Nor does it require the examining physician to opine that a certain condition *will* lead to  
 13 heart disease. All that is required in the purported second prong under NRS 617.457(11) is a  
 14 showing that the examining physician diagnosed a predisposing condition which has been shown  
 15 to lead to heart disease. There is no requirement for the Employer to prove that the predisposing  
 16 condition actually caused the heart disease.

### 17 III.

### 18 CONCLUSION

19 Based upon the foregoing, claimant has failed to meet his burden of establishing a  
 20 compensable claim.

21 WHEREFORE, the Employer respectfully requests that the Appeals Officer provide the  
 22 following relief:

- 23 1. That the Appeals Officer affirm the Hearing Officer's September 17, 2019  
 24 Decision and Order, which affirmed the July 23, 2019 claim denial determination.

25 ...

26 ...

27 ...

28

1           2.       That the Appeals Officer affirm the July 23, 2019 claim denial determination.

2                   DATED this   1   day of May 2020.

3                                   Respectfully submitted,

4                                   LEWIS BRISBOIS BISGAARD & SMITH LLP

5                                   By:           /s/ Joel P. Reeves, Esq.          

6                                   DANIEL L. SCHWARTZ, ESQ.

7                                   Nevada Bar No. 005125

8                                   2300 W. Sahara Ave., Ste. 300, Box 28

9                                   Las Vegas, NV 89102

10                                  Tel.: 702.893.3383

11                                  Fax: 702.366.9689

12                                  Attorneys for the Employer,

13                                  LAS VEGAS METROPOLITAN

14                                  POLICE DEPARTMENT

**CERTIFICATE OF MAILING**

I hereby certify that, on the 1 day of May 2020, I served a true and correct copy of the above and foregoing **EMPLOYER'S WRITTEN CLOSING ARGUMENT** by depositing a true and correct copy of the same for mailing, postage prepaid thereon, in an envelope addressed to the following:

LISA ANDERSON, ESQ.  
GREENMAN GOLDBERG RABY & MARTINEZ  
2770 S. MARYLAND PKWY., STE. 100  
LAS VEGAS, NV 89109

LVMPD - HEALTH DETAIL  
ATTN.: JEFF ROCH  
400 S. MARTIN L. KING BLVD., STE. B  
LAS VEGAS, NV 89106

CCMSI  
ATTN.: LISA KOEHLER  
P.O. BOX 35350  
LAS VEGAS, NV 89133

  
An employee of LEWIS BRISBOIS BISGAARD & SMITH LLP

**BEFORE THE APPEALS OFFICER**

In the Matter of the Contested  
Industrial Insurance Claim of:

ROBERT HOLLAND

Claimant

Appeals No. : 200452640

Claim No. : 19D34F989694

FILED  
APR - 7 2020  
HEARINGS DIVISION

**CLAIMANT'S CLOSING BRIEF**

COMES NOW, Claimant, ROBERT HOLLAND (hereinafter "Claimant"), by and through his attorney, LISA M. ANDERSON, ESQ., of the law firm of GREENMAN GOLDBERG RABY & MARTINEZ and submits the following Closing Brief in support of his position.

**ISSUE**

Whether the Hearing Officer's September 17, 2019 Decision and Order (2001960-DM) affirming the Insurer's July 23, 2019 determination denying liability for the May 26, 2019 claim for occupational heart disease was proper.

**ARGUMENT**

The crux of this appeal involves the issue of whether Claimant has satisfied the criteria for the conclusive presumption under NRS 617.457 for claim compensability for his occupationally related heart disease condition. Claimant maintains that he has been diagnosed with **disabling** diseases of the heart and that he was employed as a qualified police officer for greater than two (2) years at the time he filed his claim for occupational heart disease.

Under the Nevada Occupational Diseases Act, NRS 617.200 requires employers to provide compensation for all occupational diseases contracted by an employee arising out of and in the course of employment.

DOL008

1 This claim falls under NRS 617.457, which, as amended by the legislature and signed  
 2 into law by the Governor on June 8, 2015, provides the following:

3 NRS 617.457 states in part:

4  
 5 1. Notwithstanding any other provision of this chapter,  
 6 **diseases of the heart of a person who, for 2 years or more, has**  
 7 **been employed in a full-time continuous, uninterrupted and**  
 8 **salaried occupation as a firefighter, arson investigator or**  
 9 **conclusively presumed to have arisen out of and in the course**  
 10 **of the employment, if the disease is diagnosed and causes the**  
 11 **disablement:**

- 12 (a) **During the course of that employment;**  
 13 (b) **If the person ceases employment before completing 20 years of**  
 14 **service as a police officer, firefighter or arson investigator, during**  
 15 **the period after separation from employment which is equal to the**  
 16 **number of years worked; or**  
 17 (c) **If the person ceases employment after completing 20 years or**  
 18 **more of service as a police officer, firefighter or arson investigator,**  
 19 **at any time during the person's life.**

20 Our Supreme Court further clarified this provision in Manwill v. Clark County, 162 P.3d  
 21 876, 123 Nev. 28 (2007). Specifically, the court held that:

22 Under its plain language, **this provision requires a firefighter**  
 23 **seeking occupational disease benefits to show only two things:**  
 24 **heart disease and [the required] years' qualifying employment**  
 25 **before disablement.** [O]nce the firefighter shows that he has  
 26 heart disease and [the required] years' qualifying employment  
 27 before the date of disablement, his heart disease, whatever the  
 28 cause [] is covered, despite any preexisting symptom or condition.  
 Consequently, the **conclusive presumption under NRS**  
 617.457(1) **applies even when a claimant's "occupation as a**  
 firefighter is not a contributing factor to the progression of  
 [the disease]"; that is, **any heart disease of a firefighter is**  
**deemed occupational, whenever contracted, so long as the**  
**firefighter qualifies for benefits under the terms of this**  
**statute.**

Manwill makes clear that Claimant is only required to establish **two (2) elements** to prove his disease of the heart is compensable: (1) that the disease is, in fact, "heart disease," and (2) that Claimant has **two (2) years of qualifying employment** before disablement.

**(1) Claimant's diagnosed heart condition is "heart disease."**

As the medical evidence makes clear, Claimant has been diagnosed with a **disabling** disease of the heart that included **three (3) vessel coronary artery disease with stinting following two (2) heart attacks**. Dr. Wattoo has opined that this heart condition WAS defined as a **disabling** disease of the heart. A summary of the relevant medical reporting is as follows:

- On May 29, 2019, Claimant was admitted to Summerlin Hospital Medical Center, where he remained hospitalized until being discharged on June 4, 2019. Dr. Dost Wattoo diagnosed **three (3) vessel coronary artery disease with stinting following two (2) heart attacks**. Dr. Wattoo completed a C-4 form and confirmed that Claimant's **disabling** heart disease condition was DIRECTLY RELATED to his employment. Dr. Wattoo reported that Claimant was **totally disabled from May 27, 2019 through June 17, 2019**. Dr. Wattoo confirmed that further medical treatment was medical necessary. **SEE CLAIMANT'S PAGES 13-40.**

Based on the medical evidence provided, Claimant's cardiac condition was properly classified as a **disabling** "heart disease" and, therefore, satisfies the first element in Manwill.

**(2) Claimant had (more than) two years of qualifying employment.**

As noted above, Claimant has maintained full-time continuous and uninterrupted employment as a police officer with the Las Vegas Metropolitan Police Department from 1987 to 2012.

Consequently, he has worked in a qualifying police officer position for SIGNIFICANTLY MORE THAN statutorily required two (2) years before the date of his occupational disease claim, thereby satisfying the second element in Manwill.

1 In accordance with Manwill, ANY heart condition denominated as a disease of the heart  
 2 qualifies for coverage under NRS 617.457 so long as the claimant meets the length of  
 3 employment requirement. In this case, Claimant has been diagnosed with a condition that was  
 4 clearly defined as a disabling disease of the heart. Moreover, Claimant was employed for  
 5 approximately twenty-five (25) years at the time he filed a claim for the occupationally related  
 6 disabling disease of the heart, which satisfies the two (2) year length of employment standard.  
 7 Therefore, based upon Dr. Wattoo's reporting, Claimant's heart condition clearly qualifies as a  
 8 disabling disease of the heart and must be accepted under NRS 617.457.

9  
 10 The medical opinion from the Employer's medical advisor based its recommendation for  
 11 claim denial on the fact that Claimant undergoes testosterone therapy. The medical advisor  
 12 claimed that testosterone therapy might contribute to heart disease. The medical advisor also  
 13 claimed that Claimant was advised in his annual physicals to discontinue testosterone therapy.  
 14 However, the annual physicals from 2008 through his 2012 retirement DO NOT contain any  
 15 mention or instructions to discontinue testosterone therapy. Testosterone therapy was never  
 16 identified as a predisposing condition or a corrective measure to be taken by the employee. SEE  
 17 CLAIMANT'S PAGES 48-171.

18  
 19 The Nevada Supreme Court in Manwill held a claimant has **no** burden to disprove the  
 20 failure to correct predisposing conditions did not lead to a claimant's heart disease under NRS  
 21 617.457(11), or that no predisposing conditions exist, to receive the benefits under NRS 617.457.  
 22 *See*, 123 Nev. 238, 242-44 (2007). The predisposing conditions section under NRS 617.457 has  
 23 existed since 1973. NRS 617.457(11); *see*, 1973 Nev. Stat. ch. 504, § 1, at 769. In 1989, the  
 24 Nevada legislature set the current conclusive presumption found in NRS 617.457(1). 1989 Nev.  
 25 Stat. ch. 480, § 2, at 1021. Since that time, the Nevada legislature has only expanded the ability  
 26  
 27  
 28

1 for claims under NRS 617.457 to be accepted. *Compare* NRS 617.457(1989) with NRS  
2 617.457(2017); *see also*, Manwill, 123 Nev. 238; Gallagher v. City of Las Vegas, 114 Nev. 595,  
3 601, 959 P.2d 519, 522 (1998).

4 The Manwill Court knew the existence of, and failure to correct, predisposing conditions  
5 would exclude a claimant from benefits under NRS 617.457. Manwill, 123 Nev. 238, 242-43.  
6 However, the Court found a claimant has absolutely no burden to show they do not have any  
7 predisposition conditions and/or had the ability to correct them but failed to do so. *See, Id.* at  
8 244. If such a burden and requirement existed, then the Nevada Supreme Court would have  
9 listed it as such, but instead merely requires a claimant to "show only two things: heart disease  
10 and five years' qualifying employment before disablement." *Id.* at 242-44. The claimant in  
11 Manwill did not have to show the correction of a predisposing condition within their ability to  
12 correct nor did he have to show no predisposing conditions existed. *Id.*

13 As such, it is the opposing party's burden to meet the requirements under NRS  
14 617.457(11) to exclude a claimant from receiving the benefits under NRS 617.457, which states:

15 Failure to correct predisposing conditions which lead to heart  
16 disease when so ordered in writing by the examining physician  
17 subsequent to a physical examination required pursuant to  
18 subsection 4 or 5 excludes the employee from the benefits of this  
19 section if the correction is within the ability of the employee.

20 The plain and ordinary language of the statute shows the opposing party is required to  
21 prove five elements: 1) the claimant has a predisposing condition(s); 2) the predisposing  
22 condition(s) actually lead to the heart disease in question; 3) the claimant was ordered, in writing,  
23 by the examining physician to correct the predisposing condition(s); 4) the written order was  
24 given subsequent to a physical examination required pursuant to subsection 4 or 5; and 5) the  
25 ordered correction is within the ability of the employee to perform. NRS 617.457(11).  
26  
27  
28

1 Here, Claimant's annual physicals from 2008 through his 2012 retirement revealed  
2 periodic elevated cholesterol and triglycerides. The 2008 annual physical showed that Claimant  
3 had elevated triglycerides at 175. The 2009 annual physical showed that Claimant had elevated  
4 cholesterol at 223 and elevated triglycerides at 177. Claimant's 2010 annual physical confirmed  
5 normal cholesterol and triglycerides levels, which establishes appropriate corrective measures  
6 were taken. The 2011 annual physical revealed slightly elevated cholesterol (HDL) at 37 and  
7 triglycerides at 159. Claimant's 2012 annual physical confirmed normal cholesterol and  
8 triglycerides levels, which establishes appropriate corrective measures were taken. SEE  
9 CLAIMANT'S PAGES 48-171. Based upon the annual physicals, Claimant took appropriate  
10 measures, whenever instructed to do so, to correct any predisposing conditions that required  
11 corrective action that lead to his occupationally related heart diseases.  
12

### 13 CONCLUSION

14 Accordingly, Claimant, ROBERT HOLLAND, respectfully requests that the Appeals  
15 Officer REVERSE the June 23, 2019 claim denial and ORDER the Insurer to accept liability for  
16 the May 26, 2019 claim for occupational heart disease and provide all appropriate workers'  
17 compensation benefits.  
18

19 DATED this 24<sup>th</sup> day of March, 2020.  
20

21 GREENMAN GOLDBERG RABY & MARTINEZ  
22

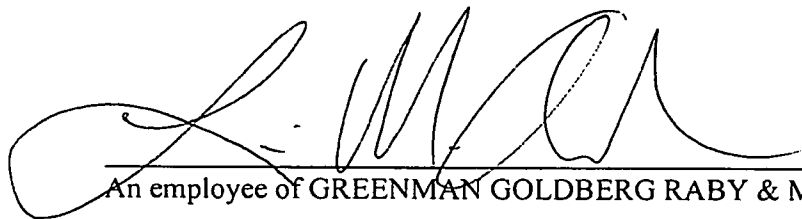
23 By   
24

25 LISA M. ANDERSON, ESQ.  
26 Nevada Bar No. 004907  
27 2770 South Maryland Parkway  
28 Suite 100  
Las Vegas, Nevada 89109  
Attorneys for Claimant

**CERTIFICATE OF SERVICE**

I do hereby certify that on the \_\_\_\_ day of March, 2020, I caused a true and correct copy of the foregoing **CLAIMANT'S CLOSING BRIEF** to be duly mailed, postage prepaid, hand delivered **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, Appeals Office, 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada 89102, to the following:

Daniel L. Schwartz, Esq.  
LEWIS BRISBOIS BISGAARD & SMITH  
2300 West Sahara Avenue  
Suite 300, Box 28  
Las Vegas, Nevada 89102



An employee of GREENMAN GOLDBERG RABY & MARTINEZ

**FILED**

MAR 06 2020

**APPEALS OFFICE****BEFORE THE APPEALS OFFICER**

In the Matter of the Contested  
Industrial Insurance Claim

of

HOLLAND, ROBERT,

Claimant.

Claim No: 19D34F989694

Appeal No: 2004526-DM

**ORDER FOR BRIEFING SCHEDULE**

The above-entitled matter shall be **BRIEFED** as follows:

**OPENING BRIEF: no later than April 7, 2020**

**RESPONSE BRIEF: no later than April 21, 2020**

**IT IS SO ORDERED** this 6<sup>th</sup> day of March, 2020.

  
DENISE S MCKAY, ESQ.  
APPEALS OFFICER

D00009

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing ORDER FOR BRIEFING SCHEDULE was duly mailed, postage prepaid OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

ROBERT HOLLAND  
7409 SANDPEBBLE LN  
LAS VEGAS NV 89129

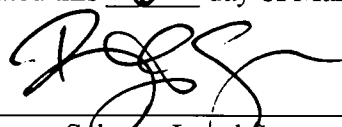
LISA M ANDERSON ESQ  
GREENMAN GOLDBERG RABY & MARTINEZ  
2770 S MARYLAND PKWY STE 100  
LAS VEGAS NV 89109

LVMPD - HEALTH DETAIL  
ABIGAIL BUCKLER - HEALTH MGR  
400 S MARTIN L KING BLVD STE B  
LAS VEGAS NV 89106

DANIEL SCHWARTZ ESQ  
LEWIS BRISBOIS BISGAARD & SMITH LLP  
2300 W SAHARA AVE STE 300 BOX 28  
LAS VEGAS NV 89102-4375

CCMSI  
ATTN JULIE VACCA  
P O BOX 35350  
LAS VEGAS NV 89133-5350

Dated this 6<sup>th</sup> day of March, 2020.

  
\_\_\_\_\_  
Bianca Salazar, Legal Secretary II  
Employee of the State of Nevada

**BEFORE THE APPEALS OFFICER****FILED****NOV 22 2019****APPEALS OFFICE**

In the Matter of the Contested  
Industrial Insurance Claim of:

Claim No: 19D34F989694

Appeal No: 2004526-DM

ROBERT HOLLAND,

Claimant.

**ORDER RESETTING HEARING****TO ALL PARTIES-IN-INTEREST:**

**PLEASE TAKE NOTICE** that the above-captioned matter will now be heard in front of  
the Appeals Officer for a **HEARING** on:

**DATE: March 2, 2020****TIME: 12:00PM**

**PLACE: DEPARTMENT OF ADMINISTRATION**  
**2200 SOUTH RANCHO DRIVE #220**  
**LAS VEGAS, NV 89102**

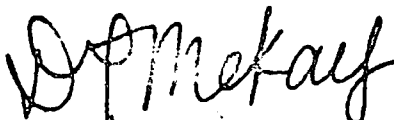
**PLEASE TAKE FURTHER NOTICE** that previously scheduled hearing dates in this  
matter, if any, are hereby vacated and reset to the above referenced date and time.

###

**CONTINUANCE OF THIS SCHEDULED HEARING DATE SHALL ONLY BE**  
**CONSIDERED ON WRITTEN APPLICATION SUPPORTED BY AFFIDAVITS.**

###

**IT IS SO ORDERED** this 22nd day of November, 2019.



DENISE S. MCKAY, ESQ.  
APPEALS OFFICER

Doc 010

**CERTIFICATE OF MAILING**

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER RESETTING HEARING** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

ROBERT HOLLAND  
7409 SANDPEBBLE LN  
LAS VEGAS NV 89129

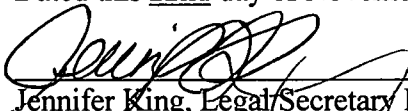
LISA M ANDERSON ESQ  
GREENMAN GOLDBERG RABY & MARTINEZ  
2770 S MARYLAND PKWY STE 100  
LAS VEGAS NV 89109

LVMPD - HEALTH DETAIL  
ABIGAIL BUCKLER - HEALTH MGR  
400 S MARTIN L KING BLVD STE B  
LAS VEGAS NV 89106

DANIEL SCHWARTZ ESQ  
LEWIS BRISBOIS BISGAARD & SMITH LLP  
2300 W SAHARA AVE STE 300 BOX 28  
LAS VEGAS NV 89102-4375

CCMSI  
ATTN JULIE VACCA  
P O BOX 35350  
LAS VEGAS NV 89133-5350

Dated this 22nd day of November, 2019.

  
\_\_\_\_\_  
Jennifer King, Legal Secretary II  
Employee of the State of Nevada

ORIGINAL

## NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the Contested  
Industrial Insurance Claim

of

ROBERT HOLLAND  
7409 SANDPEBBLE LN.  
LAS VEGAS, NV 89129,

Claimant.

Claim No.: 19D34F989694

Hearing No.: 2001960-JK

Appeal No.: 2004526-DM

Employer:  
LVMPD - HEALTH DETAIL  
400 S. MARTIN L. KING BLVD., STE. B  
LAS VEGAS, NV 89106  
DOH: 11/04/19 AT 10:00 A.M.

FILED  
OCT 31 2019

EMPLOYER'S INDEX OF DOCUMENTS

COMES NOW the Employer, LAS VEGAS METROPOLITAN POLICE  
DEPARTMENT, by and through its counsel, DANIEL L. SCHWARTZ, ESQ., and LEWIS  
BRISBOIS BISGAARD & SMITH LLP, and submits the attached Index of Documents relating  
to the above-referenced matter.

AFFIRMATION PURSUANT TO NRS 239B.030

The undersigned does hereby affirm that the attached exhibits do not contain the  
personal information of any person.

DATED this 31<sup>st</sup> day of October, 2019.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By: 

DANIEL L. SCHWARTZ, ESQ.

Nevada Bar No. 5125

2300 West Sahara Avenue, Suite 300, Box 28

Las Vegas, NV 89102

Phone: (702) 893-3383

Fax: (702) 366-9689

Attorneys for Employer

DOCO11

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**CERTIFICATE OF MAILING**

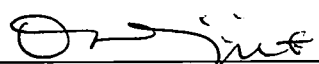
Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that service of the foregoing **EMPLOYER'S INDEX OF DOCUMENTS** was made this date by depositing a true and correct copy of the same for mailing, postage prepaid thereon, in an envelope to the following:

LISA ANDERSON, ESQ.  
GREENMAN GOLDBERG RABY & MARTINEZ  
2770 S. MARYLAND PKWY., STE. 100  
LAS VEGAS, NV 89109

LVMPD - HEALTH DETAIL  
ATTN.: JEFF ROCH  
400 S. MARTIN L. KING BLVD., STE. B  
LAS VEGAS, NV 89106

CCMSI  
ATTN: LISA KOEHLER  
P.O. BOX 35350  
LAS VEGAS, NV 89133-5350

DATED this 31<sup>st</sup> day of October, 2019.

  
An employee of LEWIS BRISBOIS  
BISGAARD & SMITH LLP

**FORM C-4**  
**PLEASE TYPE OR PRINT**

<b>EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED</b>											
First Name <b>ROBERT</b>		M.I. <b>HOLLAND</b>		Last Name <b>HOLLAND</b>		Birthdate <b>01/13/1960</b>		Sex <b>DM OF</b>		Claim Number (Insurer's Use Only)	
Home Address <b>7409 SAND PEBBLE LANE</b>		City <b>LAS VEGAS</b>		State <b>NV</b>		Zip <b>89129</b>		Age <b>59</b>		Height <b>5'11"</b>	
Mailing Address <b>S/A</b>		City <b>LAS VEGAS</b>		State <b>NV</b>		Zip <b>89129</b>		Weight <b>243</b>		Telephone <b>702-813-8412</b>	
INSURER <b>MSM RESORTS HEALTH PLAN</b>				THIRD-PARTY ADMINISTRATOR <b>UMR</b>				Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred <b>CORPORATE SECURITY</b>			
Employer's Name (Company Name) <b>MSM RESORTS</b>				Office Mail Address (Number and Street) <b>71 E. HARMON AVE LAS VEGAS NV 89109</b>				Primary Language Spoken <b>ENGLISH</b>			
Date of Injury (if applicable) <b>5/26/2019</b>		Hours Injury (if applicable) <b>0830 am</b>		Date Employer Notified <b>5/28/2019</b>		Last Day of Work After Injury or Occupational Disease <b>5/28/2019</b>		Supervisor to Whom Injury Reported <b>JIM ANSTETT</b>			
Address or Location of Accident (if applicable) <b>7409 SAND PEBBLE LANE LAS VEGAS, NV 89129</b>											
What were you doing at the time of the accident? (if applicable) <b>WASHING MY VEHICLE</b>											
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) <b>WHILE WASHING MY VEHICLE I BEGAN TO EXPERIENCE CHEST PAIN THAT RADIATED INTO MY LEFT ARM. ON MONDAY, 5/27/2019, I EXPERIENCED THE SAME SYMPTOMS OCCURRED AS I WAS LEAVING THE GYM.</b>											
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? <b>5/26/2019</b>										Witnesses to the Accident (if applicable) <b>N/A</b>	
Nature of Injury or Occupational Disease <b>HEART ATTACK / COPD</b>						Part(s) of Body Injured or Affected <b>HEART / LUNGS</b>					
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 CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.											
Date <b>6/7/2019</b>		Place <b>HOME</b>		Employee's Signature <i>[Signature]</i>							
<b>THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT</b>											
Place <b>Summerlin Hospital</b>		Name of Facility									
Date <b>6-3-19</b>		Diagnosis and Description of Injury or Occupational Disease <b>pt had 2 heart attacks CAD + COPD - emphysema</b>						Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)			
Hour <b>4:39</b>		Treatment: <b>3 vessel coronary artery disease with stenting</b>						Have you advised the patient to remain off work five days or more? <input checked="" type="checkbox"/> Yes Indicate dates: from <b>5-27-19</b> to <b>6-7-19</b>			
X-Ray Findings:								<input type="checkbox"/> No If no, is the employee capable of: <input type="checkbox"/> full duty <input type="checkbox"/> modified duty			
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								If modified duty, specify any limitations/restrictions: <b>RECEIVED JUN 12 2019</b>			
Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								<b>CCMSI ~ LAMPD</b>			
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain if yes)											
Date <b>6-12-19</b>		Print Doctor's Name <b>DUST WATCOO</b>				I certify that the employer's copy of this form was mailed to the employer on:					
Address <b>6850 N. Durango Dr #312</b>		City <b>Las Vegas</b>				State <b>NV</b>		Zip <b>89149</b>		INSURER'S USE ONLY	
Provider's Tax I.D. Number <b>08-0161816</b>		Telephone <b>(702) 433-0022</b>		Degree <b>MD</b>		RECEIVED JUN 24 2019 CCMSI - LAMPD					

ORIGINAL - TREATING PHYSICIAN OR CHIROPRACTOR

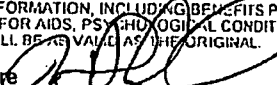
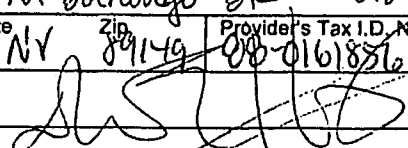
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PAGE 3 - EMPLOYER

PAGE 4 - EMPLOYEE

Form C-4 (rev. 10/07)

**FORM C-4**  
**PLEASE TYPE OR PRINT**

<b>EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED</b>						
First Name <b>ROBERT</b>	M.I. <b>HOLLAND</b>	Last Name <b>HOLLAND</b>	Birthdate <b>01/13/1960</b>	Sex <b>DM OF</b>	Claim Number (Insurer's Use Only)	
Home Address <b>7409 SAND PEBBLE LANE</b>			Age <b>59</b>	Height <b>5'11"</b>	Weight <b>243</b>	Social Security Number
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip <b>89129</b>	Telephone <b>702-813-8412</b>			
Mailing Address <b>S/A</b>			City <b>S/A</b>	State <b>S/A</b>	Zip <b>S/A</b>	Primary Language Spoken <b>ENGLISH</b>
INSURER <b>MMG RESORTS HEALTH PLAN</b>		THIRD-PARTY ADMINISTRATOR <b>UMR</b>		Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred <b>CORPORATE SECURITY</b>		
Employer's Name/Company Name <b>MMG RESORTS</b>					Telephone <b>702-692-9678</b>	
Office Mail Address (Number and Street) <b>71 E. HARMON AVE LAS VEGAS NV 89109</b>						
Date of Injury (if applicable) <b>5/26/2019</b>	Hours Injury (if applicable) <b>0830 am</b>	Date Employer Notified <b>5/28/2019</b>	Last Day of Work After Injury or Occupational Disease <b>5/28/2019</b>		Supervisor to Whom Injury Reported <b>JTM ANSTETT</b>	
Address or Location of Accident (if applicable) <b>7409 SAND PEBBLE LANE LAS VEGAS, NV 89129</b>						
What were you doing at the time of the accident? (if applicable) <b>WASHING MY VEHICLE</b>						
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) <b>WHILE WASHING MY VEHICLE I BEGAN TO EXPERIENCE CHEST PAIN THAT RADIATED INTO MY LEFT ARM. ON MONDAY, 5/27/2019, I EXPERIENCED THE SAME SYMPTOMS OCCURRED AS I WAS LEAVING THE GYM.</b>						
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? <b>5/26/2019</b>					Witnesses to the Accident (if applicable) <b>N/A</b>	
Nature of Injury or Occupational Disease <b>HEART ATTACK</b>			Part(s) of Body Injured or Affected <b>HEART</b>			
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 CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAY OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALUABLE AS THE ORIGINAL.						
Date <b>6/7/2019</b>		Place <b>HOME</b>		Employee's Signature 		
<b>THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT</b>						
Place <b>Summerlin Hospital</b>		Name of Facility				
Date <b>6-3-19</b>	Diagnosis and Description of Injury or Occupational Disease <b>pt had 2 heart attacks</b>		Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)			
Hour <b>4:39</b>						
Treatment: <b>3 vessel coronary artery disease with stenting</b>			Have you advised the patient to remain off work five days or more? <input checked="" type="checkbox"/> Yes Indicate dates: from <b>5-27-19</b> to <b>6-17-19</b>			
X-Ray Findings: <b>COPD</b>			<input type="checkbox"/> No If no, is the injured employee capable of: <input type="checkbox"/> full duty <input type="checkbox"/> modified duty			
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If modified duty, specify any limitations/restrictions: _____			
Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			_____			
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Explain if yes)						
Date: <b>6-12-19</b>	Print Doctor's Name <b>DOST WATTOO</b>		I certify that the employer's copy of this form was mailed to the employer on:			
Address <b>6850 N. Durango Dr #312</b>			INSURER'S USE ONLY			
City <b>Las Vegas</b>	State <b>NV</b>	Zip <b>89149</b>	Provider's Tax I.D. Number <b>00-0161856</b>	Telephone <b>(702) 433-0000</b>		
Doctor's Signature 			Degree <b>MD</b>			

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-4 FORM				Please Type or Print		EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE	
EMPLOYER	Employer's Name Las Vegas Metropolitan Police Department			Nature of Business (mfg., etc.) Law Enforcement		FEIN 886000028	
	Office Mail Address 400B S MARTIN LUTHER KING 435			Location ... if different from mailing address N/A		Telephone 702-828-3406	
	City LAS VEGAS State NV Zip 89106			INSURER LVMPD		THIRD-PARTY ADMINISTRATOR CCMSI, Inc.	
EMPLOYEE	First Name ROBERT M.I. Last Name HOLLAND			Social Security		Birthdate 01/13/1960	
	Home Address (Number and Street) 7409 SAND PEBBLE LN			Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
	City LAS VEGAS State NV Zip 89129			Was the employee paid for the day of injury? (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		How long has this person been employed by you in Nevada? 09/11/1987	
	In which state was employee hired? NV			Employee's occupation (job title) when hired or disabled POLICE OFFICERS AND DRIVERS		Department in which regularly employed: TOURIST SAFETY DIVISION	
ACCIDENT OR DISEASE	Telephone 702-692-9678			Is the injured employee a corporate officer? ... sole proprietor? ... partner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was employee in your employ when injured or disabled by occupational disease (OD)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Date of Injury (if applicable) 05/26/2019			Time of Injury (Hours; Minute AM/PM) (if applicable) 08:30		Date employer notified of injury or O/D 05/28/2019	
	Address or location of accident (Also provide city, county, state) (if applicable) 7409 SAND PEBBLE LN LAS VEGAS NV			CLARK NV		Supervisor to whom injury or O/D reported UNK	
	What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable) 2 HEART ATTACKS			How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary. WHILE WASHING MY VEHICLE I BEGAN TO EXPERIENCE CHEST PAIN THAT RADIATED INTO MY LEFT ARM. ON MONDAY, 5/27/2019, I EXPERIENCED THE SAME SYMPTOMS, OCCURRED AS I WAS LEAVING THE GYM.		Accident on employer's premises? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Specify machine, tool, substance, or object most closely connected with the accident (if applicable) SELF			Witness N/A		Was there more than one person injured in this accident? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Part of body injured or affected TRUNK - HEART			If fatal, give date of death N/A		Witness N/A	
INJURY OR DISEASE	Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.) SPECIFIC INJURY - CARDIAC EPISODE			Witness N/A		Did employee return to next scheduled shift after accident? (if applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If validity of claim is doubted, state reason PENDING INVESTIGATION			Location of Initial Treatment SUMMERLIN HOSPITAL, ...		Will you have light duty work available if necessary? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Treating physician/chiropractor name DOST WATTOO MD			Emergency Room <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Hospitalized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	IMPORTANT How many days per week does employee work? RETIRED			From RETIRED To RETIRED		Last day wages were earned UNK	
	Scheduled days off S M T W T F S Rotating <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			Are you paying injured or disabled employee's wages during disability? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Date employee was hired 09/11/1987			Last day of work after injury or disability UNK		Date of return to work UNK	
IMPORTANT LOST TIME INFO	Was the employee hired to work 40 hours per week? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not, for how many hours a week was the employee hired? N/A			Did the employee receive unemployment compensation any time during the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Do not know			
	For the purpose of calculation of the average monthly wage, indicate the employee's gross earnings by pay period for 12 weeks prior to the date of injury or disability. If the injured employee is expected to be off work 5 days or more, attach wage verification form (D-8). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.						
	Pay period <input type="checkbox"/> SUN <input type="checkbox"/> TUE <input type="checkbox"/> THUR <input type="checkbox"/> SAT ends on: <input type="checkbox"/> MON <input type="checkbox"/> WED <input checked="" type="checkbox"/> FRI			Employee is paid: <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> BI-WKLY <input type="checkbox"/> SEMI-MONTHLY		On the date of injury or disability the employee's wage was: \$ UNK per <input checked="" type="checkbox"/> Hr <input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mo	
	<p><b>For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: <a href="http://govcha.state.nv.us">http://govcha.state.nv.us</a> E-mail: <a href="mailto:cha@govcha.state.nv.us">cha@govcha.state.nv.us</a></b></p>						
Insurer Use Only	I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.			Employer's Signature and Title 		Date 6/13/19	
	Claim is: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Deferred <input type="checkbox"/> 3rd Party			Deemed Wage RECEIVED		Account No. 19D34F989694	
	Claims Examiner's Signature			Date JUN 13 2019		Status Clerk 	

Physical Taken  
01-22-08

#03410

UNIVERSITY MEDICAL CENTER  
1700 Wheeler Peak Dr.  
Las Vegas, NV 89106Las Vegas Metropolitan Police Dept.  
101 Convention Center Drive  
Las Vegas, NV 89109

Dear Sir/Madam:

As a result of the recent physical examination of your employee identified below and in compliance with the Nevada Revised Statutes, Chapter 617, we are notifying you of the following predisposing physical, laboratory, x-ray or testing abnormalities, which may lead to the employee contracting heart and/or lung disease.

Additionally, we are enclosing methods by which the employee may correct these conditions in an effort to avoid any heart and/or lung complications in the future. These recommendations must be provided to the employee.

Effective October 1, 1991, NRS, Chapter 617 also provides that any physical examination must include a hearing test.

PREDISPOSING CONDITIONS: An X indicates a predisposing condition may have been identified.

<input type="checkbox"/> Abnormal pulmonary function tests	<input type="checkbox"/> Abnormal Chest X-ray	<input type="checkbox"/> Smoker
<input type="checkbox"/> Elevated Cholesterol	<input checked="" type="checkbox"/> Abnormal Hearing	<input type="checkbox"/> Overweight
<input checked="" type="checkbox"/> Elevated Triglycerides 175	<input type="checkbox"/> Abnormal Stress Test	
<input type="checkbox"/> History of Cardiovascular disease	Left Abn	
<input type="checkbox"/> Other Abnormal Labs		

## CORRECTIVE MEASURES TO BE TAKEN BY THE EMPLOYEE:

<input type="checkbox"/> Follow-up Pulmonary Function Test	<input type="checkbox"/> Repeat Chemistry Panel	<input type="checkbox"/> Stop Smoking
<input type="checkbox"/> Repeat Urinalysis	<input type="checkbox"/> Repeat CBC	
<input type="checkbox"/> Lose Wt.: No. Lbs _____	<input type="checkbox"/> Follow-up abnormal tests with Primary Physician	

PATIENT:

MR#

PHYSICAL DATE:

ACCOUNT NUMBER:

Form # 05-074 (1/92,7/95,11/05)

ENC# 11632353 48 DOB 1/13/1960  
HOLLAND, ROBERT  
McCarran Physicals M  
MR# 000-184-232 ADM 2/12/2008

RECEIVED 06/13/2019 CCMSI-LVMPD

#03470

UNIVERSITY MEDICAL CENTER  
1700 Wheeler Peak Dr.  
Las Vegas, NV. 89106

Page 2

## COMMENTS:

1. Your periodic Health Questionnaire shows:  
Otherwise no significant responses. You are a non-smoker.
2. Your Physical Exam shows: Wt. 220 Ht. 71  
Otherwise is within normal limits.  
Your Blood Pressure is 114/78 -
3. Your pure tone Audiogram-Hearing test shows ab a normal exam.
4. Spirometry shows a normal exam.
5. Your Treadmill Stress Test/EKG shows negative for ischemia.
6. Your Chest X-RAY shows a normal exam.
7. Your Laboratory Work ↑ TRIGLYCERIDES is essentially within normal limits.

The following tests were outside the range of laboratory normals. They appear to be not clinically significant or have low probability of being caused by a disease process- a second opinion by your PCP is always an option.

CORRECTIVE ACTION: LOW FAT DIET. HEARING PROTECTION

Whenever an employee is notified of the need for corrective action based on the results of the physical exam, it is imperative that the employees take the recommended corrective action. Failure to obtain or make progress toward taking the recommended corrective action may constitute a predisposing condition that may make the employee ineligible for coverage for a worker's compensation claim related to that condition (i.e. heart and lung bill). Corrective action taken must be accomplished at the employee's expense and must be documented. Such documentation should be provided to the Personnel Department along with any continuing follow up related to the corrective action.

In conclusion with all the information that has been provided to me, it appears you are in good health and remain acceptable for employment.

Physician Signature



ENC# 11632353 48 DOB 1/13/1960  
HOLLAND, ROBERT  
McCARRAN PHYSICALS M  
MR# 000-184-232 ADM 2/12/2008

Form # 05-074 (1/92,7/95,11/05)

RECEIVED 06/13/2019 CCMSI~LVMPD

## University Medical Center of Southern Nevada

PHM

1700 Wheeler Peak Street, Las Vegas, NV 89106

#03410

Patient Name : HOLLAND, ROBERT  
 Patient Acct No.: 8511356862  
 Med Record No.: 184232

Accession No.: 08-022-01444  
 Doctor: JOYA, JOSE F

Print Date: 1/22/2008  
 DOB: 01/13/1960  
 Sex: Male

## U R I N A L Y S I S

## CLINICAL URINALYSIS

Date 01/22/2008  
 Day of Stay Tue  
 Time 07:42:00

Procedure	Units	Reference Range
APPEARANCE	CLEAR	
SPEC GRAVITY	1.010	[1.010-1.020]
U LEUKO ESTERASE	NEGATIVE	[NEGATIVE]
U NITRITE	NEGATIVE	[NEGATIVE]
PH	6.0	[5.0-8.0]
U PROTEIN	NEGATIVE	[NEGATIVE]
U GLUC(Quick Care)	NORMAL	[NORMAL]
U KETONES	NEGATIVE	[NEGATIVE]
UROBIL(Quick Care)	NEGATIVE	[NEGATIVE]
U BILIRUBIN	NEGATIVE	[NEGATIVE]
U BLOOD	NEGATIVE	[NEGATIVE]

## H A M E H I S T O R Y

Patient's Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50	Current

Patient Name	Pl. Acct No.	Location	Date
HOLLAND, ROBERT	8511356862	PHM	1/22/2008
PATHOLOGISTS		RESULT FLAGS	
Eduardo P. Acosta,MD	Patrick Knight,MD	L Low Result	C Corrected Result
Laura L. Bilodeau,MD	David A. Mulkey,MD	H High Result	* Abnormal Result
Carol Van Der Harten, MD	Will W. Scamman,MD	P Panic Value	f There is a footnote (comment)
Arthur del Rosario,MD	Wansong Qiu,MD		associated with this result

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## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Biledeau, M.D., Medical Director of Laboratories

#03410

Patient Name : HOLLAND, ROBERT

Room: PHM: -

Print Date: 1/23/2008

Hospital No. : 8511356862

MRN: 184232

DOB: 01/13/1960

Discharge Date: 01/22/2008

Doctor: JOYA, JOSE F

Sex: Male

## CHEMISTRY

## GENERAL CHEMISTRY

Date 01/22/2008

Day of Stay Tue

Time 07:42:00

Procedure	Units	Reference Range
GGT	37 IU/L	[9-36]

## COMPREHENSIVE METABOLIC PANEL

Date 01/22/2008  
Day of Stay Tue  
Time 07:42:00

Procedure	Units	Reference Range
SODIUM	142	MMOL/L [136-145]
POTASSIUM	4.7	MMOL/L [3.5-5.1]
CHLORIDE	108	MMOL/L [98-110]
CO2	25	MMOL/L [22-31]
Anion Gap	9	MMOL/L [8-16]
GLUCOSE	98	MG/DL [70-110]
BUN	14	MG/DL [9-26]
CREATININE	1.1	MG/DL [0.7-1.5]
CALCIUM	9.3	MG/DL [8.8-10.4]
MAGNESIUM	2.5	MG/DL [1.6-2.6]
PHOSPHORUS	2.5	MG/DL [2.3-4.7]
CHOLESTEROL	188	MG/DL [ <200]
URIC ACID	7.2	MG/DL [3.5-8.0]
TOTAL PROTEIN	7.1	G/DL [6.4-8.3]
ALBUMIN	5.0	G/DL [3.5-5.0]
GLOBULIN	2.1	G/DL [1.3-3.7]
A/G RATIO	2.4	[0.9-3.5]
AST (SGOT)	30	U/L [5-34]
ALT (SGPT)	60 H	U/L [0-55]
LDH	174	U/L [125-243]
ALK PHOS	58	U/L [40-150]
TOTAL BILI	0.8	MG/DL [0.0-1.2]
Direct BILI	0.3	MG/DL [0.0-0.5]

Patient:	HOLLAND, ROBERT	Hosp. No.:	8511356862	Room:	-	Print Date:	1/23/2008
<b>RESULT FLAGS:</b>							
L	Low Result	P	Panic Value				
H	High Result	*	Abnormal Result				
C	Corrected Result	f	There is a footnote (comment) associated with this result				

CR ID: 5675278

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## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilodeau, M.D., Medical Director of Laboratories

#03410

Patient Name : **HOLLAND, ROBERT**  
 Hospital No. : **8511356862**  
 Discharge Date: **01/22/2008**

Room: **PHM: -**  
 MRN: **184232**  
 Doctor: **JOYA, JOSE F**

Print Date: **1/23/2008**  
 DOB: **01/13/1960**  
 Sex: **Male**

## CHEMISTRY

## COMPREHENSIVE METABOLIC PANEL

01/22/2008 07:42:00 CHOLESTEROL:

Total Cholesterol Reference:

< 200 Desirable  
 200 - 239 Borderline  
 > 240 High

01/22/2008 07:42:00 TOTAL BILL:

Please note change in Reference Range  
 due to change in Reagen Formulation.

Effective 17-Jan 2008.

## CARDIAC MONITORS

Date 01/22/2008  
 Day of Stay Tue  
 Time 07:42:00

Procedure	Units	Reference Range
CK 87	IU/L	[30-200]

## LIPID PANEL

Date 01/22/2008  
 Day of Stay Tue  
 Time 07:42:00

Procedure	Units	Ref Range
CHOLESTEROL i 188	MG/DL	[<=200]
TRIGLYCERIDE 175 H	MG/DL	[<=150]
HDL i 28 L	MG/DL	[>=60]
calculated LDL i 125 H	MG/DL	[<=100]

Patient: <b>HOLLAND, ROBERT</b>	Hosp. No.: <b>8511356862</b>	Room: <b>-</b>	Print Date: <b>1/23/2008</b>
<b>RESULT FLAGS:</b>			
<b>L</b> Low Result	<b>P</b> Panic Value		
<b>H</b> High Result	<b>*</b> Abnormal Result		
<b>C</b> Corrected Result	<b>f</b> There is a footnote (comment) associated with this result		

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## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Biledeau, M.D., Medical Director of Laboratories

#03410

Patient Name : HOLLAND, ROBERT

Room: PHM: -

Print Date: 1/23/2008

Hospital No. : 8511356862

MRN: 184232

DOB: 01/13/1960

Discharge Date: 01/22/2008

Doctor: JOYA, JOSE F

Sex: Male

## CHEMISTRY

## LIPID PANEL

01/22/2008 07:42:00 HDL:

HDL Cholesterol Reference:

< 40	Low
=> 60	High

01/22/2008 07:42:00 calculated LDL:

LDL Cholesterol Reference:

< 100	Optimal
100 - 129	Near Optimal/Above Optimal
130 - 159	Borderline High
160 - 189	High
=> 190	Very High

## Name History

Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50	Current



Patient: HOLLAND, ROBERT	Hosp. No.: 8511356862	Room: -	Print Date: 1/23/2008
RESULT FLAGS:	L Low Result	P Panic Value	
	H High Result	* Abnormal Result	
	C Corrected Result	f There is a footnote (comment) associated with this result	

✓9

RECEIVED 06/13/2019 CCMSI-LVMPD

## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Biledeau, M.D., Medical Director of Laboratories

003410

Patient Name : HOLLAND, ROBERT  
Hospital No. : 8511356862  
Discharge Date: 01/22/2008Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE FPrint Date: 1/23/2008  
DOB: 01/13/1960  
Sex: Male

## IMMUNOCHEMISTRY

## SEROLOGY

Date 01/22/2008  
Day of Stay Tue  
Time 07:42:00

Procedure	Units	Reference Range
RPR	NON REACTIVE	[NON REACTIVE]

## Name History

Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50	Current



Patient: HOLLAND, ROBERT	Hosp. No.: 8511356862	Room: -	Print Date: 1/23/2008
RESULT FLAGS:	L Low Result	P Panic Value	
	H High Result	* Abnormal Result	
	C Corrected Result	f There is a footnote (comment) associated with this result	

RECEIVED 06/13/2019 CCMST-LVMPD

Physical Taken  
02-17-09

#03410

UNIVERSITY MEDICAL CENTER  
ENTERPRISE PHYSICALS  
1700 Wheeler Peak St.  
Las Vegas, NV 89106

Las Vegas Metropolitan Police Dept.  
101 Convention Center Drive  
Las Vegas, NV 89109

Dear Sir/Madam:

As a result of the recent physical examination of your employee identified below and in compliance with the Nevada Revised Statutes, Chapter 617, we are notifying you of the following predisposing physical, laboratory, x-ray or testing abnormalities, which may lead to the employee contracting heart and/or lung disease.

Additionally, we are enclosing methods by which the employee may correct these conditions in an effort to avoid any heart and/or lung complications in the future. These recommendations must be provided to the employee.

Effective October 1, 1991, NRS, Chapter 617 also provides that any physical examination must include a hearing test.

PREDISPOSING CONDITIONS: An X indicates a predisposing condition may have been identified.

<input type="checkbox"/> Abnormal pulmonary function tests	<input type="checkbox"/> Abnormal Chest X-ray	<input type="checkbox"/> Smoker
<input checked="" type="checkbox"/> Elevated Cholesterol 223	<input checked="" type="checkbox"/> Abnormal Hearing	<input type="checkbox"/> Overweight
<input checked="" type="checkbox"/> Elevated Triglycerides 177	<input type="checkbox"/> Abnormal Stress Test	
<input type="checkbox"/> History of Cardiovascular disease		
<input type="checkbox"/> Other Abnormal Labs LDL 163		

#### CORRECTIVE MEASURES TO BE TAKEN BY THE EMPLOYEE:

<input type="checkbox"/> Follow-up Pulmonary Function Test	<input type="checkbox"/> Repeat Chemistry Panel	<input type="checkbox"/> Stop Smoking
<input type="checkbox"/> Repeat Urinalysis	<input type="checkbox"/> Repeat CBC	
<input type="checkbox"/> Lose Wt.: No. Lbs _____	<input type="checkbox"/> Follow-up abnormal tests with Primary Physician	

#### PATIENT:

MR#

PHYSICAL DATE:

ACCOUNT NUMBER:

ENC# 15481773 49 DOB 1/13/1960  
HOLLAND, ROBERT  
ENTERPRISE PHYSICALS  
MR# 000-184-232 ADM 3/00/2000

Form # 05-075 (1/92, 7/95, 11/05, 3/08)

Paul Hep. conf.

PLS

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#03410

UNIVERSITY MEDICAL CENTER  
ENTERPRISE PHYSICALS  
1700 Wheeler Peak St.  
Las Vegas, NV 89106

Page 2

## COMMENTS:

1. The periodic Health Questionnaire shows:  
Otherwise no significant responses. The employee is a non-smoker.
2. The Physical Exam shows: Wt. 221 Ht. 5'11"  
Otherwise is within normal limits.  
Blood Pressure is 122/76
3. Pure tone Audiogram-Hearing test shows
4. Spirometry shows
5. Treadmill Stress Test/EKG shows
6. Chest X-RAY shows
7. Laboratory Work

AB normal exam.  
a normal exam.  
negative for ischemia.  
a normal exam.  
is essentially within normal limits.

↑ CHOLESTEROL/TRIGLYCERIDES (+) Hep B core

The following tests were outside the range of laboratory normals. They appear to be not clinically significant or have low probability of being caused by a disease process- a second opinion by the employee's Primary Care Physician is always an option.

CORRECTIVE ACTION: HEARING PROTECTION,

Whenever an employee is notified of the need for corrective action based on the results of the physical examination, it is imperative that the employee take the recommended corrective action. Failure to obtain or make progress toward the recommended corrective action may constitute a predisposing condition that may make the employee ineligible for coverage for a worker's compensation claim related to that condition. Corrective action taken must be accomplished at the employee's expense and must be documented. Such documentation must be provided to the Personnel Department along with any continuing follow up related to the corrective action.

In conclusion with all the information that has been provided to me, it appears that the employee is in good health and remains acceptable for employment.

Physician Signature

Date

JOSE JOYA MD

MAR 13 2009

ENC# 15481773 49 DOB 1/13/1960  
HOLLAND, ROBERT  
ENTERPRISE PHYSICALS H  
HR# 000-184-232 ADM 3/09/2009

Form # 05-075 (1/92, 7/95, 11/05, 3/08)

00059

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0062

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## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilezikian, M.D., Medical Director of Laboratories

#03410

Patient Name: HOLLAND, ROBERT

Hospital No.: 8515251168

Discharge Date: 02/17/2009

Room: PHM: -

MRN: 184232

Doctor: JOYA, JOSE F

Print Date: 2/17/2009

DOB: 01/13/1960

Sex: Male

## HEMATOLOGY

## COMPLETE BLOOD COUNT

Date: 02/17/2009  
 Day of Stay: Tue  
 Time: 07:32:00

Procedure	Units	Reference Range
WBC	6.20	K/MM3 [4.30-12.00]
RBC	5.22	M/MM3 [4.50-6.00]
HGB	15.8	g/dL [13.0-17.0]
HCT	47.7	% [39.0-54.0]
MCV	91.4	fL [80.0-100.0]
MCH	30.3	pg [26.0-34.0]
MCHC	33.1	% [31.0-36.9]
PLATELET	316	K/MM3 [150-450]
GRAN%	52.7	% [42.0-71.0]
LYMPH%	33.7	% [24.0-44.0]
MIXED%	13.6	% [0-15.0]

## MISCELLANEOUS HEMATOLOGY

Date: 02/17/2009  
 Day of Stay: Tue  
 Time: 07:32:00

Procedure	Units	Reference Range
SED RATE I	4 f	MM/Hr [0-15]

02/17/2009 07:32:00 SED RATE:

Reference Range changed effective 10-08-2008.

02/17/2009 07:32:00 SED RATE:

slot # 5

JOSE JOYA, MD  
 FEB 19 2009

Patient: HOLLAND, ROBERT	Hosp. No.: 8515251168	Room: -	Print Date: 2/17/2009
<b>RESULT FLAGS:</b>			
L	Low Result	P	Panic Value
H	High Result	*	Abnormal Result
C	Corrected Result	f	There is a footnote (comment) associated with this result

CR ID: 727551

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## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Blodgett, M.D., Medical Director of Laboratories

#03410

Patient Name: HOLLAND, ROBERT  
Hospital No: 8515251168  
Discharge Date: 02/17/2009Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE FPrint Date: 2/17/2009  
DOB: 01/13/1960  
Sex: Male

## U R I N A L Y S I S

## CLINICAL URINALYSIS

Date: 02/17/2009  
Day of Stay: Tue  
Time: 07:32:00

Procedure	Units	Reference Range
COLOR	YELLOW	
APPEARANCE	CLEAR	
SPEC GRAVITY	1.015	[1.010-1.020]
U LEUKO ESTERASE	NEGATIVE	[NEGATIVE]
U NITRITE	NEGATIVE	[NEGATIVE]
PH	5.0	[5.0-8.0]
U PROTEIN	NEGATIVE	[NEGATIVE]
U GLUC(Quick Care)	NORMAL	[NORMAL]
U KETONES	NEGATIVE	[NEGATIVE]
UROBIL(Quick Care)	NEGATIVE	[NEGATIVE]
U BILIRUBIN	NEGATIVE	[NEGATIVE]
U BLOOD	NEGATIVE	[NEGATIVE]

## Name History

Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50	Current

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Patient: HOLLAND, ROBERT	Hosp. No.: 8515251168	Room: -	Print Date: 2/17/2009
RESULT FLAGS:	L Low Result	P Panic Value	
	H High Result	* Abnormal Result	
	C Corrected Result	f There is a footnote (comment) associated with this result	

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## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Hildebrand, M.D., Medical Director of Laboratories

Patient Name: HOLLAND, ROBERT

Room: PHM: -

Print Date: 2/18/2009

Hospital No.: 8515251168

MRN: 184232

DOB: 01/13/1960

Discharge Date: 02/17/2009

Doctor: JOYA, JOSE F

Sex: Male

## URINALYSIS

## CLINICAL URINALYSIS

Date: 02/17/2009  
Day of Stay: Tue  
Time: 07:32:00

Procedure	Units	Reference Range
COLOR	YELLOW	
APPEARANCE	CLEAR	
SPEC GRAVITY	1.015	[1.010-1.020]
U LEUKO ESTERASE	NEGATIVE	[NEGATIVE]
U NITRITE	NEGATIVE	[NEGATIVE]
PH	5.0	[5.0-8.0]
U PROTEIN	NEGATIVE	[NEGATIVE]
U GLUC(Quick Care)	NORMAL	[NORMAL]
U KETONES	NEGATIVE	[NEGATIVE]
U ROBIL(Quick Care)	NEGATIVE	[NEGATIVE]
U BILIRUBIN	NEGATIVE	[NEGATIVE]
U BLOOD	NEGATIVE	[NEGATIVE]

## CHEMISTRY

## GENERAL CHEMISTRY

Date: 02/17/2009  
Day of Stay: Tue  
Time: 07:32:00

Procedure	Units	Reference Range
GGT	38 IU/L	[9-36]

02/17/2009 07:32:00 SGGGT:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

Patient:	HOLLAND, ROBERT	Hosp. No.:	8515251168	Room:	-	Print Date:	2/18/2009
<b>RESULT FLAGS:</b>							
L	Low Result	P	Panic Value				
H	High Result	A	Abnormal Result				
C	Corrected Result	F	There is a footnote (comment) associated with this result				

CR ID: 7282314

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0065

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## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Medical Director of Laboratories

003410

Patient Name : HOLLAND, ROBERT  
Hospital No. : 8515251168  
Discharge Date: 02/17/2009Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE FPrint Date: 2/18/2009  
DOB: 01/13/1960  
Sex: Male

## C H E M I S T R Y

## COMPREHENSIVE METABOLIC PANEL

## COMPREHENSIVE METABOLIC PANEL

Date 02/17/2009  
Day of Stay Tue  
Time 07:32:00

Procedure	Units	Reference Range
SODIUM	141	MMOL/L [136-145]
POTASSIUM	4.9	MMOL/L [3.5-5.1]
CHLORIDE	108	MMOL/L [98-110]
CO2	24	MMOL/L [22-31]
Anion Gap	9	MMOL/L [8-16]
GLUCOSE	107	MG/DL [70-110]
BUN	17	MG/DL [9-26]
CREATININE	0.9	MG/DL [0.7-1.5]
CALCIUM	9.7	MG/DL [8.8-10.4]
MAGNESIUM	2.4	MG/DL [1.6-2.6]
PHOSPHORUS	2.6	MG/DL [2.3-4.7]
CHOLESTEROL	223 H	MG/DL [ < 200 ]
URIC ACID	7.9	MG/DL [3.5-8.0]
TOTAL PROTEIN	7.4	G/DL [6.4-8.3]
ALBUMIN	5.1 H	G/DL [3.5-5.0]
GLOBULIN	2.3	G/DL [1.3-3.7]
A/G RATIO	2.2	[0.9-3.5]
AST (SGOT)	14	U/L [5-34]
ALT (SGPT)	28	U/L [0-55]
LDH	165	U/L [125-243]
ALK PHOS	60	U/L [40-150]
TOTAL BILI	0.6	MG/DL [0.0-1.2]
Direct BILI	0.2	MG/DL [0.0-0.5]



Patient:	HOLLAND, ROBERT	Hosp. No.:	8515251168	Room:	-	Print Date:	2/18/2009
<b>RESULT FLAGS:</b>							
L		Low Result		P		Panic Value	
H		High Result		*		Abnormal Result	
C		Corrected Result		f		There is a footnote (comment) associated with this result	

CR ID: 7282314

RECEIVED 06/13/2019 CCSI~LVMPD

## University Medical Center of Southern Nevada

#03410

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Medical Director of LaboratoriesPatient Name : HOLLAND, ROBERT  
Hospital No. : 8515251168  
Discharge Date: 02/17/2009Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE FPrint Date: 2/18/2009  
DOB: 01/13/1960  
Sex: Male

## CHEMISTRY

## COMPREHENSIVE METABOLIC PANEL

02/17/2009 07:32:00 CHOLESTEROL:  
Total Cholesterol Reference:

< 200	Desirable
200 - 239	Borderline
> 240	High

02/17/2009 07:32:00 SGCOMP:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

## CARDIAC MONITORS

Date 02/17/2009  
Day of Stay Tue  
Time 07:32:00

Procedure	Units	Reference Range
CK	IU/L	[30-200]

02/17/2009 07:32:00 SGCK:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

## LIPID PANEL

Date 02/17/2009  
Day of Stay Tue  
Time 07:32:00

Procedure	Units	Ref Range
CHOLESTEROL, i	MG/DL	[<=200]
TRIGLYCERIDE	MG/DL	[<=150]
HDL, i	MG/DL	[>=60]
calculated LDL, i	MG/DL	[<=100]

Patient: HOLLAND, ROBERT

Hosp. No.: 8515251168

Room: -

Print Date: 2/18/2009

## RESULT FLAGS:

L Low Result  
H High Result  
C Corrected Result

P Panic Value  
\* Abnormal Result  
f There is a footnote (comment) associated with this result

RECEIVED 06/13/2019 CCMIS-LVMPD

## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilodeau, M.D., Medical Director of Laboratories

#03410

Patient Name: HOLLAND, ROBERT  
 Hospital No.: 8515251168  
 Discharge Date: 02/17/2009

Room: PHM: -  
 MRN: 184232  
 Doctor: JOYA, JOSE F

Print Date: 2/18/2009  
 DOB: 01/13/1960  
 Sex: Male

## CHEMISTRY

## LIPID PANEL

02/17/2009 07:32:00 HDL:

HDL Cholesterol Reference:

< 40 Low  
 => 60 High

02/17/2009 07:32:00 calculated LDL:

LDL Cholesterol Reference:

< 100 Optimal  
 100 - 129 Near Optimal/Above Optimal  
 130 - 159 Borderline High  
 160 - 189 High  
 => 190 Very High

02/17/2009 07:32:00 SGLIPID:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

## IMMUNOCHEMISTRY

## HEPATITIS

Date: 02/17/2009  
 Day of Stay: Tue  
 Time: 07:32:00

FAX TO DR. HECK.

Procedure	Units	Reference Range
Hepatitis A Antibody, IGM		NON REACTIVE
Hepatitis B Core Antibody, IGM		REACTIVE
Hepatitis B Surface Antigen		NON REACTIVE
Hepatitis C Antibody		NON REACTIVE
Hep C Antibody Units	.05	S/C
Hep C Antibody Intep	See Below	

JOSE JOYA, MD

FEB 19 2009

Patient: HOLLAND, ROBERT	Hosp No.: 8515251168	Room: -	Print Date: 2/18/2009
RESULT FLAGS:			
L	Low Result	P	Panic Value
H	High Result	*	Abnormal Result
C	Corrected Result	f	There is a footnote (comment) associated with this result

UNIVERSITY MEDICAL CENTER  
ENTERPRISE PHYSICALS  
1700 Wheeler Peak Dr.  
Las Vegas, NV. 89106  
702-383-3660

# 03410

Las Vegas Metropolitan Police Dept.  
101 Convention Center Drive  
Las Vegas, NV 89109

As a result of the recent physical examination of your employee, identified below and in compliance with the Nevada Revised Statutes, Chapter 617, we are notifying you of the following predisposing physical, laboratory, x-ray or testing abnormalities, which may lead to the employee contracting heart and/or lung disease. Additionally, we are enclosing methods by which the employee may correct these conditions in an effort to avoid any heart and/or lung complications in the future. LVMPD will not be responsible for any fees incurred from follow up with your family physician. These recommendations/actions must be provided to the employee. Effective October 1, 1991, NRS, Chapter 617 also provides that any physical examination must include a hearing test.

**PREDISPOSING CONDITIONS:** An X indicates a predisposing condition may have been identified.

<input type="checkbox"/> Abnormal pulmonary function tests	<input type="checkbox"/> Abnormal Chest X-ray	<input type="checkbox"/> Smoker
<input type="checkbox"/> Elevated Cholesterol	<input checked="" type="checkbox"/> Abnormal Hearing	<input type="checkbox"/> Overweight
<input type="checkbox"/> Elevated Triglycerides	<input type="checkbox"/> Abnormal Stress Test	
<input type="checkbox"/> History of Cardiovascular disease	<input type="checkbox"/> Positive TB Test (Hx of +)	
<input checked="" type="checkbox"/> Other Abnormal Labs		

**CORRECTIVE MEASURES TO BE TAKEN BY THE EMPLOYEE:**

☐ Follow-up Pulmonary Function Test    ☐ Repeat Chemistry Panel    ☐ Stop Smoking  
☐ Repeat Urinalysis    ☐ Repeat CBC    ☐ Lose Weight: No. Lbs \_\_\_\_\_  
☐ Follow-up abnormal tests with your Primary Physician  
☐ If patient does not have a Primary Care Physician, we can make an appointment at one of our Primary Care Clinics

**COMMENTS:**

1. The periodic Health Questionnaire shows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No significant responses.  
2. The Physical Exam shows: Wt. 219    Ht. 5'11"    The employee is a non-smoker.  
Blood Pressure is: 124/81  
3. Pure tone Audiogram-Hearing test shows AB a normal exam.  
4. Spirometry shows a normal exam.  
5. Treadmill Stress Test/EKG shows negative for ischemia.  
6. Chest X-RAY shows a normal exam.  
7. Laboratory Work 35 is essentially within normal limits.

LOW HPL

ENC# 78161437    50    DOB 1/13/1960  
HOLLAND, ROBERT  
ENTERPRISE PHYSICALS    M  
MR# 000-184-232    ADM 2/22/2010

RECEIVED 06/13/2019 CCMST~LVMPD

#03410

UNIVERSITY MEDICAL CENTER  
 ENTERPRISE PHYSICALS  
 1700 Wheeler Peak Dr.  
 Las Vegas, NV. 89106  
 702-383-3660

Page 2

**COMMENTS (cont'd)**

The following tests were outside the range of laboratory normals. They appear to be not clinically significant or have low probability of being caused by a disease process- a second opinion by the employee's Primary Care Physician is always an option.

**CORRECTIVE ACTION:**

Whenever an employee is notified of the need for corrective action based on the results of the physical examination, it is imperative that the employee take the recommended corrective action. Failure to obtain or make progress toward the recommended corrective action may constitute a predisposing condition that may make the employee ineligible for coverage for a worker's compensation claim related to that condition. Corrective action taken must be accomplished at the employee's expense and must be documented. Such documentation must be provided to the Personnel Department along with any continuing follow up related to the corrective action.

*hearing protection*

In conclusion with all the information that has been provided to me, it appears that the employee is in good health and remains acceptable for employment.

*Jose J. Jova*

JOSE JOVA, MD

FEB 22 2010

Physician Signature  
 JOSE JOVA, MD

Physician Stamp

FEB 22 2010

8:42

Date

Time

ENC# 78161437 50 DOB 1/13/1960  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 MR# 000-184-232 ADM 2/22/2010

Form # 05-075 (1/92, 7/95, 11/05, 3/08)

0070

RECEIVED 06/13/2019 CCMIS-LVMPD

## University Medical Center of Southern Nevada

## PHM

1700 Wheeler Peak Street, Las Vegas, NV 89106  
Dr. Arthur Del Rosario, Laboratory Director

003410

Patient Name : HOLLAND, ROBERT  
Patient Acct No: 8577937498  
Med Record No: 184232Accession No: 10-032-01297  
Doctor: JOYA, JOSE FPrint Date: 2/1/2010  
DOB: 01/13/1960  
Sex: Male

## HEMATOLOGY - QUICK CARE

## COMPLETE BLOOD COUNT

Date 02/01/2010  
Day of Stay Mon  
Time 07:30:00

Procedure	Units	Reference Range
WBC	6.30	K/MIM3 [4.30-12.00]
RBC	5.01	M/MIM3 [4.50-6.00]
HGB	15.1	g/dL [13.0-17.0]
HCT	45.3	% [39.0-54.0]
MCV	90.4	fL [80.0-100.0]
MCH	30.1	pg [26.0-34.0]
MCHC	33.3	% [31.0-36.9]
PLATELET	315	K/MIM3 [150-450]
GRAN%	55.2	% [42.0-71.0]
LYMPH%	30.4	% [24.0-44.0]
MIXED%	14.4	% [0-15.0]

## MISCELLANEOUS HEMATOLOGY

Date 02/01/2010  
Day of Stay Mon  
Time 07:30:00

Procedure	Units	Reference Range
SED RATE	2 f	MMGHR [0-15]

02/01/2010 07:30:00 SED RATE:  
SLOT # 4JOYA, JOSE F.  
FEB 03 2010

Patient Name:	HOLLAND, ROBERT	Account No:	8577937498	Location:	PHM	Date:	2/1/2010
RESULT FLAGS:		L	Low Result	P	Panic Range		
		H	High Result	*	Abnormal Result		
		C	Corrected Result	f	There's a footnote (comment) associated with this result		

CRID: 8506963

RECEIVED 06/13/2019 CCSI~LVMPD

## University Medical Center of Southern Nevada

PHM

1700 Wheeler Peak Street, Las Vegas, NV 89106  
Dr. Arthur Del Rosario, Laboratory Director

#03410

Patient Name : HOLLAND, ROBERT  
Patient Acct No: 8577937498  
Med Record No: 184232Accession No: 10-032-01297  
Doctor: JOYA, JOSE FPrint Date: 2/1/2010  
DOB: 01/13/1960  
Sex: Male

## URINALYSIS - QUICK CARE

## CLINICAL URINALYSIS

Date 02/01/2010  
Day of Stay Mon  
Time 07:30:00

Procedure	Units	Reference Range
COLOR	YELLOW	
APPEARANCE	CLEAR	
SPEC GRAVITY	1.015	[1.010-1.020]
U LEUKO ESTERASE	NEGATIVE	[NEGATIVE]
U NITRITE	NEGATIVE	[NEGATIVE]
PH	7.0	[5.0-8.0]
U PROTEIN	NEGATIVE	[NEGATIVE]
U GLUC(Quick Care)	NORMAL	[NORMAL]
U KETONES	NEGATIVE	[NEGATIVE]
U ROBIL(Quick Care)	NEGATIVE	[NEGATIVE]
U BILIRUBIN	NEGATIVE	[NEGATIVE]
U BLOOD	NEGATIVE	[NEGATIVE]

## Patient Name History

Patient's Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50 AM	Current

JOYA, JOSE F.  
FEB 03 2010  
zh

Patient Name: HOLLAND, ROBERT	Account No: 8577937498	Location: PHM	Date: 2/1/2010
RESULT FLAGS:	L Low Result	P Panic Range	
	H High Result	• Abnormal Result	
	C Corrected Result	f There's a footnote (comment) associated with this result	

CRID: 8506963

RECEIVED 06/13/2019 CCMSI~LVMPD

## University Medical Center of Southern Nevada

Department of Pathology  
1800 W. Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Director of Laboratories

#03410

Patient Name: HOLLAND, ROBERT  
Hospital No: 8577937498  
Discharge Date: 2/1/2010

Room: PHM -  
MRN: 184232  
Doctor: JOYA, JOSE F

Printed: 2/2/2010  
DOB: 1/13/1960  
Sex: Male

## C H E M I S T R Y

## GENERAL CHEMISTRY

Date 2/1/2010  
Day of Stay Mon  
Time 7:30:00 AM

Procedure	Units	Ref Range
GGT	32	U/L [9-36]

## COMPREHENSIVE METABOLIC PANEL

Date 2/1/2010  
Day of Stay Mon  
Time 7:30:00 AM

Procedure	Units	Ref Range
SODIUM	140	MMOL/L [136-145]
POTASSIUM	5.2 H	MMOL/L [3.5-5.1]
CHLORIDE	107	MMOL/L [98-110]
CO2	26	MMOL/L [22-31]
Anion Gap	7 L	MMOL/L [8-16]
GLUCOSE	101	MG/DL [70-110]
BUN	15	MG/DL [9-26]
CREATININE	1.0	MG/DL [0.6-1.5]
CALCIUM	9.9	MG/DL [8.4-10.2]
MAGNESIUM	2.2	MG/DL [1.6-2.6]
PHOSPHORUS	3.1	MG/DL [2.3-4.7]
CHOLESTEROL	189	MG/DL [0-200]
URIC ACID	5.9	MG/DL [3.5-8.0]
TOTAL PROTEIN	7.1	G/DL [6.4-8.3]
ALBUMIN	4.4	G/DL [3.5-5.0]
GLOBULIN	2.7	G/DL [1.3-3.7]
A/G RATIO	1.6	[0.9-3.5]
AST (SGOT)	18	U/L [5-34]
ALT (SGPT)	31	U/L [0-55]
LDH	169	U/L [125-243]
ALK PHOS	62	U/L [40-150]
TOTAL BILI	0.8	MG/DL [0.0-1.2]
Direct BILI	0.3	MG/DL [0.0-0.5]

JOYA, JOSE F.  
FEB 03 2010

Patient: HOLLAND, ROBERT Hosp No: 8577937498 Room: - Date: 2/2/2010

## RESULT FLAGS:

L Low Result  
H High Result  
C Corrected Result

P Panic Value  
\* Abnormal Result  
f there is a footnote (comment) associated with this result

CRID: 8509590

RECEIVED 06/13/2019 CCMSI~LVMPD

**University Medical Center of Southern Nevada**

Department of Pathology  
1800 W. Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Director of Laboratories

#03410

Patient Name: HOLLAND, ROBERT  
Hospital No: 8577937498  
Discharge Date: 2/1/2010

Room: PHM -  
MRN: 184232  
Doctor: JOYA, JOSE F

Printed: 2/2/2010  
DOB: 1/13/1960  
Sex: Male

**C H E M I S T R Y****COMPREHENSIVE METABOLIC PANEL**

2/1/2010 7:30:00 AM CHOLESTEROL:  
Total Cholesterol Reference:

< 200	Desirable
200 - 239	Borderline
> 240	High

**CARDIAC MONITORS**

Date: 2/1/2010  
Day of Stay: Mon  
Time: 7:30:00 AM

Procedure	Units	Ref Range
CK	135	IU/L [30-200]

**LIPID PANEL**

Date: 2/1/2010  
Day of Stay: Mon  
Time: 7:30:00 AM

Procedure	Units	Ref Range
CHOLESTEROL	189	MG/DL [≤200]
TRIGLYCERIDE	130	MG/DL [≤150]
HDL	35	MG/DL [≥60]
calculated LDL	128	MG/DL [≤100]

2/1/2010 7:30:00 AM HDL:

HDL Cholesterol Reference:

< 40	Low
≥ 60	High

JOSE JOYA, MD  
FEB 03 2010  
ph

Patient: HOLLAND, ROBERT	Hosp No: 8577937498	Room: -	Date: 2/2/2010
--------------------------	---------------------	---------	----------------

**RESULT FLAGS:**

L Low Result  
H High Result  
C Corrected Result

P Panic Value  
\* Abnormal Result  
f there is a footnote (comment) associated with this result

CRID: 8509590

RECEIVED 06/13/2019 CCMST-LVMPD

**University Medical Center of Southern Nevada**

Department of Pathology  
1800 W. Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Director of Laboratories

03410

Patient Name: HOLLAND, ROBERT  
Hospital No: 8577937498  
Discharge Date: 2/1/2010

Room: PHM -  
MRN: 184232  
Doctor: JOYA, JOSE F

Printed: 2/2/2010  
DOB: 1/13/1960  
Sex: Male

**C H E M I S T R Y****LIPID PANEL**

2/1/2010 7:30:00 AM calculated LDL:  
LDL Cholesterol Reference:

< 100	Optimal
100 - 129	Near Optimal/Above Optimal
130 - 159	Borderline High
160 - 189	High
=> 190	Very High

**I M M U N O C H E M I S T R Y****HEPATITIS**

Date 2/1/2010  
Day of Stay Mon  
Time 7:30:00 AM

Procedure	Units	Ref Range
Hepatitis A Antibody, IGM		NON REACTIVE
Hepatitis B Core Antibody, IGM		NON REACTIVE
Hepatitis B Surface Antigen i		NON REACTIVE
Hepatitis C Antibody		NON REACTIVE
Hep C Antibody Units	.13	S:CO
Hep C Antibody Interp		See Below

2/1/2010 7:30:00 AM Hep C Antibody Interp  
Hepatitis C Antibody Interpretation = NEGATIVE

2/1/2010 7:30:00 AM Hepatitis B Surface Antigen:  
HBsAg reactivity should be correlated with patient history and the presence of other hepatitis markers.

JOSE JOYA, MD  
FEB 03 2010

Patient: HOLLAND, ROBERT Hosp No: 8577937498 Room: - Date: 2/2/2010

**RESULT FLAGS:**

L Low Result  
H High Result  
C Corrected Result

P Panic Value  
\* Abnormal Result  
f there is a footnote (comment) associated with this result

CRID: 8509590

RECEIVED 06/13/2019 CCMSI~LVMPD

**Patricia Lloyd-Scott**

**From:** Patricia Lloyd-Scott  
**Sent:** Wednesday, February 23, 2011 9:56 AM  
**To:** Robert Holland  
**Subject:** Annual Physical (predisposing risk factors)

#03410

Sent Via Confidential EmailRe: 1/24/2011 Annual Physical Examination

Dear Officer Robert Holland,

The Las Vegas Metropolitan Police Department has received the results of your annual physical examination, and in compliance with Nevada Administrative Code (NAC) 617, we are notifying you of the following predisposing conditions, which may lead to you developing heart and/or lung disease and impacting your ability to qualify for certain benefits under state law.

A copy of your annual physical should have been provided to you at the time of your examination with UMC Quick Care Enterprise. This letter will serve as confirmation of the predisposing conditions reviewed with you by the examining physician who has given you medical recommendations: and/or recommends that you contact your personal physician for advice and correction of the following:

Predisposing Risk Factors Identified:

_____	Overweight	_____	Tobacco Use
_____	Elevated Blood Sugar	_____	Elevated Cholesterol
<u>159</u>	Elevated Triglycerides	_____	Elevated Blood Pressure

In order to meet requirements of NAC 617.080 and the NRS 617, the Department is required to inform you that failure to correct any predisposing risk factor(s), which leads to heart and/or lung disease when ordered to do so in writing by a treating physician, may result in excluding the employee from the benefits in this section if the correction is within the ability of the employee. **The Department will not be responsible for any fees incurred from follow-up with your physician.**

If you have any question or concerns regarding your annual physical examination, please contact Health Detail at 828-3695.

Thank you,

Patricia Lloyd-Scott  
 Health Detail SR LEST  
 LVMPD Risk Management  
 (702) 828-3695

\*\*\*\*\*

RECEIVED 06/13/2019 CCMST-LVMPD

Physical Taken  
01-24-11

#03410

UNIVERSITY MEDICAL CENTER  
ENTERPRISE PHYSICALS  
1700 Wheeler Peak Dr.  
Las Vegas, NV 89106  
702-383-3660

Las Vegas Metropolitan Police Dept.  
101 Convention Center Drive  
Las Vegas, NV 89109

As a result of the recent physical examination of your employee, identified below and in compliance with the Nevada Revised Statutes, Chapter 617, we are notifying you of the following predisposing physical, laboratory, x-ray or testing abnormalities, which may lead to the employee contracting heart and/or lung disease. Additionally, we are enclosing methods by which the employee may correct these conditions in an effort to avoid any heart and/or lung complications in the future. LVMPD will not be responsible for any fees incurred from follow up with your family physician. These recommendations/actions must be provided to the employee. Effective October 1, 1991, NRS, Chapter 617 also provides that any physical examination must include a hearing test.

**PREDISPOSING CONDITIONS:** An X indicates a predisposing condition may have been identified.

<input type="checkbox"/> Abnormal pulmonary function tests	<input type="checkbox"/> Abnormal Chest X-ray	<input type="checkbox"/> Smoker
<input checked="" type="checkbox"/> Elevated Cholesterol	<input checked="" type="checkbox"/> Abnormal Hearing	<input type="checkbox"/> Overweight
<input checked="" type="checkbox"/> Elevated Triglycerides	<input type="checkbox"/> Abnormal Stress Test	
<input type="checkbox"/> History of Cardiovascular disease	<input type="checkbox"/> Positive TB Test (Hx of +)	
<input type="checkbox"/> Other Abnormal Labs		

**CORRECTIVE MEASURES TO BE TAKEN BY THE EMPLOYEE:**

☐ Follow-up Pulmonary Function Test    ☐ Repeat Chemistry Panel    ☐ Stop Smoking  
☐ Repeat Urinalysis    ☐ Repeat CBC    ☐ Lose Weight: No. Lbs \_\_\_\_\_  
☐ Follow-up abnormal tests with your Primary Physician  
☐ If patient does not have a Primary Care Physician, we can make an appointment at one of our Primary Care Clinics

**COMMENTS:**

1. The periodic Health Questionnaire shows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No significant responses.

2. The Physical Exam shows: Wt. 221 Ht. 5'11"

The employee is a non-smoker.

Blood Pressure is: 114 / 79

3. Pure tone Audiogram-Hearing test shows

4. Spirometry shows

5. Treadmill Stress Test/EKG shows

6. Chest X-RAY shows

7. Laboratory Work

8. Current Mantoux TB Skin Test

AB a normal exam.  
 a normal exam.  
 negative for ischemia.  
 a normal exam.  
 is essentially within normal limits.  
 positive / negative (circle appropriate)

JM

REC'D 11/16

Rec'd 11/16

FEB 16 2011

*Wt. 221 / Trig 159*

ENC# 81527657 51 DOB 1/13/1960  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 HR# 000-184-232 ADM 2/07/2011

RECEIVED 06/13/2019 CCMSI~LVMPO

#03410

UNIVERSITY MEDICAL CENTER  
 ENTERPRISE PHYSICALS  
 1700 Wheeler Peak Dr.  
 Las Vegas, NV, 89106  
 702-383-3660

Page 2

## COMMENTS (cont'd)

The following tests were outside the range of laboratory normals. They appear to be not clinically significant or have low probability of being caused by a disease process- a second opinion by the employee's Primary Care Physician is always an option.

## CORRECTIVE ACTION:

Whenever an employee is notified of the need for corrective action based on the results of the physical examination, it is imperative that the employee take the recommended corrective action. Failure to obtain or make progress toward the recommended corrective action may constitute a predisposing condition that may make the employee ineligible for coverage for a worker's compensation claim related to that condition. Corrective action taken must be accomplished at the employee's expense and must be documented. Such documentation must be provided to the Personnel Department along with any continuing follow up related to the corrective action.

*hearing protection, low fat diet.  
 250 mg/day of sb-miscin-*

In conclusion with all the information that has been provided to me, it appears that the employee is in good health and remains acceptable for employment.

Physician Signature

JOSE JOYA, MD

FEB 07 2011

Date

Time

7:00.

JOSE JOYA, MD

Physician Stamp FEB 07 2011

ENC# 81527657 51 DOB 1/13/1960  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 MR# 000-184-232 ADH 2/07/2011

RECEIVED 06/13/2019 CCMSI~LVMPD

340  
me

**University Medical Center of Southern Nevada**

**PHM**

#03410

1700 Wheeler Peak Street, Las Vegas, NV 89106  
Dr. Arthur Del Rosario, Laboratory Director

Patient Name : HOLLAND, ROBERT  
Patient Acct No: 8581357162  
Med Record No: 184232

Accession No: 11-024-01514  
Doctor: JOYA, JOSE F

Print Date: 1/24/2011  
DOB: 01/13/1960  
Sex: Male

**U R I N A L Y S I S - Q U I C K C A R E****CLINICAL URINALYSIS**

Date 01/24/2011  
Day of Stay Mon  
Time 07:12:00

Procedure	Units	Reference Range
COLOR	YELLOW	
APPEARANCE	CLEAR	
SPEC GRAVITY	1.005 L	[1.010-1.020]
U LEUKO ESTERASE	NEGATIVE	[NEGATIVE]
U NITRITE	NEGATIVE	[NEGATIVE]
PH	6.0	[5.0-8.0]
U PROTEIN	NEGATIVE	[NEGATIVE]
U GLUC(Quick Care)	NORMAL	[NORMAL]
U KETONES	NEGATIVE	[NEGATIVE]
UROBIL(Quick Care)	NEGATIVE	[NEGATIVE]
U BILIRUBIN	NEGATIVE	[NEGATIVE]
U BLOOD	NEGATIVE	[NEGATIVE]

**P a t i e n t N a m e H i s t o r y**

Patient's Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50 AM	Current

JOSE JOYA, MD  
JAN 25 2011

Patient Name	HOLLAND, ROBERT	Account No.	8581357162	Location	PHM	Date	1/24/2011
RESULT FLAGS:	L	Low Result	P	Panic Range			
	H	High Result	*	Abnormal Result			
	C	Corrected Result	f	There's a footnote (comment) associated with this result			

CRID: 9573542

RECEIVED 06/13/2019 CCMSI-LVMPD

## University Medical Center of Southern Nevada #03410

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilodeau, M.D., Medical Director of Laboratories

Patient Name: HOLLAND, ROBERT

Room: PHM: -

Print Date: 1/25/2011

Hospital No.: 8581357162

MRN: 184232

DOB: 01/13/1960

Discharge Date: 01/24/2011

Doctor: JOYA, JOSE F

Sex: Male

## HEMATOLOGY

## COMPLETE BLOOD COUNT

Date 01/24/2011  
 Day of Stay Mon  
 Time 07:12:00

Procedure	Units	Reference Range
WBC	7.20	K/MM3 [4.30-12.00]
RBC	4.96	M/MM3 [4.50-6.00]
HGB	15.6	g/dL [13.0-17.0]
HCT	47.1	% [39.0-54.0]
MCV	95.0	fL [80.0-100.0]
MCH	31.6	pg [26.0-34.0]
MCHC	33.2	% [31.0-36.9]
PLATELET	284	K/MM3 [150-450]
MPV	7.8 L	fL [9.0-17.0]
RDW	13.2	% [11.0-16.0]
GRAN%	60.1	% [42.0-71.0]
MONO%	6.9	% [0.0-14.0]
LYMPH%	26.6	% [24.0-44.0]
EOS%	6.0	% [0.0-6.0]
BASO%	0.4	% [0.0-1.0]
NRBC%	0.0	% [0.0-0.1]
ABS GRAN	4.3	K/MM3 [1.8-7.7]
ABS MONO	0.5	K/MM3 [0.0-1.7]
ABS LYMPH	1.9	K/MM3 [1.0-4.8]
ABS EOS	0.4	K/MM3 [0.0-0.7]
ABS BASO	0.0	K/MM3 [0.0-0.3]

01/24/2011 07:12:00 SGCBC

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

JOSE JOYA, MD  
 JAN 25 2011

## MISCELLANEOUS HEMATOLOGY

Date 01/24/2011  
 Day of Stay Mon  
 Time 07:12:00

Procedure	Units	Reference Range
SED RATE	2	MM/HR [0-15]

Patient: HOLLAND, ROBERT

Hosp. No.: 8581357162

Room: -

Print Date: 1/25/2011

## RESULT FLAGS:

L Low Result

P Panic Value

H High Result

\* Abnormal Result

C Corrected Result

f There is a footnote (comment) associated with this result

RECEIVED 06/13/2019 CCMSI~LVMPD

## University Medical Center of Southern Nevada #03410

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Biledeau, M.D., Medical Director of Laboratories

Patient Name : HOLLAND, ROBERT

Room: PHM: -

Print Date: 1/25/2011

Hospital No. : 8581357162

MRN: 184232

DOB: 01/13/1960

Discharge Date: 01/24/2011

Doctor: JOYA, JOSE F

Sex: Male

## U R I N A L Y S I S

## CLINICAL URINALYSIS

Date 01/24/2011  
Day of Stay Mon  
Time 07:12:00

Procedure	Units	Reference Range
COLOR	YELLOW	
APPEARANCE	CLEAR	
SPEC GRAVITY	1.005 L	[1.010-1.020]
U LEUKO ESTERASE	NEGATIVE	[NEGATIVE]
U NITRITE	NEGATIVE	[NEGATIVE]
PH	6.0	[5.0-8.0]
U PROTEIN	NEGATIVE	[NEGATIVE]
U GLUCO(Quick Care)	NORMAL	[NORMAL]
U KETONES	NEGATIVE	[NEGATIVE]
UROBIL(Quick Care)	NEGATIVE	[NEGATIVE]
U BILIRUBIN	NEGATIVE	[NEGATIVE]
U BLOOD	NEGATIVE	[NEGATIVE]

## C H E M I S T R Y

## GENERAL CHEMISTRY

Date 01/24/2011  
Day of Stay Mon  
Time 07:12:00

Procedure	Units	Reference Range
GGT	31	U/L [12-64]

01/24/2011 07:12:00 SGGGT:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

JOSE JOYA, MD  
JAN 25 2011

Patient: HOLLAND, ROBERT	Hosp. No.: 8581357162	Room: -	Print Date: 1/25/2011
RESULT FLAGS:	L Low Result	P PanicValue	
	H High Result	* Abnormal Result	
	C Corrected Result	f There is a footnote (comment) associated with this result	

0081

RECEIVED 06/13/2019 CCMST~LVMPD

## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilodeau, M.D., Medical Director of Laboratories

#03410

Patient Name : HOLLAND, ROBERT

Room: PHM1 -

Print Date: 1/25/2011

Hospital No. : 8581357162

MRN: 184232

DOB: 01/13/1960

Discharge Date: 01/24/2011

Doctor: JOYA, JOSE F

Sex: Male

## C H E M I S T R Y

## COMPREHENSIVE METABOLIC PANEL

Date 01/24/2011  
Day of Stay Mon  
Time 07:12:00

Procedure	Units	Reference Range
SODIUM	141	MMOL/L [136-145]
POTASSIUM	4.7	MMOL/L [3.5-5.1]
CHLORIDE	106	MMOL/L [98-110]
CO2	25	MMOL/L [22-31]
Anion Gap	10	MMOL/L [8-16]
GLUCOSE	100	MG/DL [70-110]
BUN	15	MG/DL [9-26]
CREATININE	0.9	MG/DL [0.6-1.5]
CALCIUM	9.7	MG/DL [8.4-10.2]
MAGNESIUM	2.4	MG/DL [1.6-2.6]
PHOSPHORUS	3.5	MG/DL [2.3-4.7]
CHOLESTEROL	186	MG/DL [0-200]
URIC ACID	6.6	MG/DL [3.5-8.0]
TOTAL PROTEIN	7.0	G/DL [6.4-8.3]
ALBUMIN	4.6	G/DL [3.5-5.0]
GLOBULIN	2.4	G/DL [1.3-3.7]
A/G RATIO	1.9	[0.9-3.5]
AST (SGOT)	13	U/L [5-34]
ALT (SGPT)	21	U/L [0-55]
LDH	156	U/L [125-243]
ALK PHOS	60	U/L [40-150]
TOTAL BILI	0.7	MG/DL [0.0-1.2]
Direct BILI	0.2	MG/DL [0.0-0.5]

01/24/2011 07:12:00 CHOLESTEROL:

Total Cholesterol Reference:

< 200 Desirable  
200 - 239 Borderline  
> 240 High

01/24/2011 07:12:00 SGCOMP:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

JOSE JOYA, MD  
JAN 25 2011

Patient: HOLLAND, ROBERT	Hosp. No.: 8581357162	Room: -	Print Date: 1/25/2011
RESULT FLAGS:	L Low Result	P Panic Value	
	H High Result	* Abnormal Result	
	C Corrected Result	f There is a footnote (comment) associated with this result	

CR ID: 9576495

Page 3 of 5

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RECEIVED 06/13/2019 CCMST-LVMPD

## University Medical Center of Southern Nevada

# 03410

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilodeau, M.D., Medical Director of Laboratories

Patient Name: HOLLAND, ROBERT

Room: PHM: -

Print Date: 1/25/2011

Hospital No.: 8581357162

MRN: 184232

DOB: 01/13/1960

Discharge Date: 01/24/2011

Doctor: JOYA, JOSE F

Sex: Male

## C H E M I S T R Y

## CARDIAC MONITORS

Date: 01/24/2011  
 Day of Stay: Mon  
 Time: 07:12:00

Procedure	Units	Reference Range
CK	126	U/L [30-200]

01/24/2011 07:12:00 SGCK:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

## LIPID PANEL

Date: 01/24/2011  
 Day of Stay: Mon  
 Time: 07:12:00

Procedure	Units	Ref Range
CHOLESTEROL i	186	MG/DL [≤200]
TRIGLYCERIDE	159 II	MG/DL [≤150]
HDL i	37 L	MG/DL [≥40] 40
calculated LDL i	117 B	MG/DL [≤130] 130

01/24/2011 07:12:00 HDL:

HDL Cholesterol Reference:

< 40 Low  
 ≥ 60 High

01/24/2011 07:12:00 calculated LDL:

LDL Cholesterol Reference:

< 100 Optimal  
 100 - 129 Near Optimal/Above Optimal  
 130 - 159 Borderline High  
 160 - 189 High  
 ≥ 190 Very High

01/24/2011 07:12:00 SGLIPID:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

Patient: HOLLAND, ROBERT	Hosp. No.: 8581357162	Room: -	Print Date: 1/25/2011
RESULT FLAGS:			
L	Low Result	P	Panic Value
H	High Result	*	Abnormal Result
C	Corrected Result	f	There is a footnote (comment) associated with this result

RECEIVED 06/13/2019 CCMIS-LVMPD

## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Medical Director of Laboratories

03410

Patient Name : HOLLAND, ROBERT  
Hospital No. : 8581357162  
Discharge Date: 01/24/2011Room: PHM1 -  
MRN: 184232  
Doctor: JOYA, JOSE FPrint Date: 1/25/2011  
DOB: 01/13/1960  
Sex: Male

## I M M U N O C H E M I S T R Y

## HEPATITIS

Date: 01/24/2011  
Day of Stay: Mon  
Time: 07:12:00

Procedure	Units	Reference Range
Hepatitis A Antibody, IGM	NON REACTIVE	
Hepatitis B Core Antibody, IgM	NON REACTIVE	
Hepatitis B Surface Antigen i	NON REACTIVE	
Hepatitis C Antibody	NON REACTIVE	
Hep C Antibody Units	.04	SCO
Hep C Antibody Interp	See Below	

01/24/2011 07:12:00 Hep C Antibody Interp  
Hepatitis C Antibody Interpretation = NEGATIVE

01/24/2011 07:12:00 Hepatitis B Surface Antigen:

HBsAg reactivity should be correlated with patient history and the presence of other hepatitis markers.

## Name History

Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50	Current

JOSE JOYA, MD  
JAN 25 2011

Patient: HOLLAND, ROBERT	Hosp. No.: 8581357162	Room: -	Print Date: 1/25/2011
RESULT FLAGS:	L Low Result	P Panic Value	
	H High Result	* Abnormal Result	
	C Corrected Result	f There is a footnote (comment) associated with this result	

RECEIVED 06/13/2019 CCMST-LVMPD

**Patricia Lloyd-Scott**

**From:** Patricia Lloyd-Scott  
**Sent:** Friday, June 08, 2012 11:01 AM  
**To:** Robert Holland  
**Subject:** Annual Physical (predisposing risk factors)

03410

Sent Via Confidential EmailRe: 4/9/2012 Annual Physical Examination

Robert Holland,

The Las Vegas Metropolitan Police Department has received the results of your annual physical examination, and in compliance with Nevada Administrative Code (NAC) 617, we are notifying you of the following predisposing conditions, which may lead to you developing heart and/or lung disease and impacting your ability to qualify for certain benefits under state law.

A copy of your annual physical should have been provided to you at the time of your examination with UMC Quick Care Enterprise. This letter will serve as confirmation of the predisposing conditions reviewed with you by the examining physician who has given you medical recommendations: and/or recommends that you contact your personal physician for advice and correction of the following:

Predisposing Risk Factors Identified:

_____	Overweight	_____	Tobacco Use
_____	Elevated Blood Sugar	_____	Elevated Cholesterol
<u>181</u>	Elevated Triglycerides	_____	Elevated Blood Pressure

In order to meet requirements of NAC 617.080 and the NRS 617, the Department is required to inform you that failure to correct any predisposing risk factor(s), which leads to heart and/or lung disease when ordered to do so in writing by a treating physician, may result in excluding the employee from the benefits in this section if the correction is within the ability of the employee. **The Department will not be responsible for any fees incurred from follow-up with your physician.**

If you have any questions or concerns regarding your annual physical examination, please contact Health Detail at 828-3695.

Thank you.

Patricia Lloyd-Scott  
Health Detail Sr. LEST  
LVMPD Risk Management

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## LVMPD Security Notice

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This email is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

03410

RECEIVED 06/13/2019 CCMSI-LVMPD

Physical Taken  
04-09-12

#03410

UNIVERSITY MEDICAL CENTER  
ENTERPRISE PHYSICALS  
1700 Wheeler Peak Dr.  
Las Vegas, NV 89106  
702-383-3660

9/11/87

Las Vegas Metropolitan Police Dept.  
400 S. Martin L. King Blvd #B  
Las Vegas, NV 89106

As a result of the recent physical examination of your employee, identified below and in compliance with the Nevada Revised Statutes, Chapter 617, we are notifying you of the following predisposing physical, laboratory, x-ray or testing abnormalities, which may lead to the employee contracting heart and/or lung disease. Additionally, we are enclosing methods by which the employee may correct these conditions in an effort to avoid any heart and/or lung complications in the future. LVMPD will not be responsible for any fees incurred from follow up with your family physician. These recommendations/actions must be provided to the employee. Effective October 1, 1991, NRS, Chapter 617 also provides that any physical examination must include a hearing test.

**PREDISPOSING CONDITIONS:** An X indicates a predisposing condition may have been identified.

<input type="checkbox"/> Abnormal pulmonary function tests	<input type="checkbox"/> Abnormal Chest X-ray	<input type="checkbox"/> Smoker
<input type="checkbox"/> Elevated Cholesterol	<input checked="" type="checkbox"/> Abnormal Hearing <i>BI-UI</i>	<input type="checkbox"/> Overweight
<input type="checkbox"/> Elevated Triglycerides	<input type="checkbox"/> Abnormal Stress Test	
<input type="checkbox"/> History of Cardiovascular disease	<input type="checkbox"/> Positive TB Test (Hx of +)	
<input type="checkbox"/> Other Abnormal Labs		

**CORRECTIVE MEASURES TO BE TAKEN BY THE EMPLOYEE:**

☐ Follow-up Pulmonary Function Test    ☐ Repeat Chemistry Panel    ☐ Stop Smoking  
☐ Repeat Urinalysis    ☐ Repeat CBC    ☐ Lose Weight: No. Lbs \_\_\_\_\_  
☐ Follow-up abnormal tests with your Primary Physician  
☐ If patient does not have a Primary Care Physician, we can make an appointment at one of our Primary Care Clinics

**COMMENTS:**

1. The periodic Health Questionnaire shows; \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No significant responses.  
 2. The Physical Exam shows: Wt. 231    Ht. 5' 11"    The employee is a non-smoker.  
 Blood Pressure is: 122 / 69  
 3. Pure tone Audiogram-Hearing test shows    *AS* normal exam.  
 4. Spirometry shows    a normal exam.  
 5. Treadmill Stress Test/EKG shows    negative for ischemia.  
 6. Chest X-RAY shows    a normal exam.  
 7. Laboratory Work    is essentially within normal limits.  
 8. Current Mantoux TB Skin Test    positive / negative (circle appropriate)

LOW HDL 30

↑ TRIGLYCERIDES 181

ENC# 85838605    52    DOB 1/13/1960  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 HR# 000-184-232    ADM 4/23/2012

RECEIVED 06/13/2019 CCMSI-LVMPD

#03410

UNIVERSITY MEDICAL CENTER  
ENTERPRISE PHYSICALS

Page 2

1700 Wheeler Peak Dr.  
Las Vegas, NV. 89106  
702-383-3660

## COMMENTS (cont'd)

The following tests were outside the range of laboratory normals. They appear to be not clinically significant or have low probability of being caused by a disease process- a second opinion by the employee's Primary Care Physician is always an option.

## CORRECTIVE ACTION:

Whenever an employee is notified of the need for corrective action based on the results of the physical examination, it is imperative that the employee take the recommended corrective action. Failure to obtain or make progress toward the recommended corrective action may constitute a predisposing condition that may make the employee ineligible for coverage for a worker's compensation claim related to that condition. Corrective action taken must be accomplished at the employee's expense and must be documented. Such documentation must be provided to the Personnel Department along with any continuing follow up related to the corrective action.

*hearing protection  
low fat diet, ↑ cardio + 4gm/day omega-2*

In conclusion with all the information that has been provided to me, it appears that the employee is in good health and remains acceptable for employment.

JOSE JOYA, MD

APR 23 2012

Physician Signature

Physician Stamp

JOSE JOYA, MD

APR 23 2012

Date

Time

ENC# 85838605 52 DOB 1/13/1960  
HOLLAND, ROBERT  
ENTERPRISE PHYSICALS M  
MR# 000-134-232 ADM 4/23/2012

RECEIVED 06/13/2019 CCMSI-LVMPD

**University Medical Center of Southern Nevada**  
**PHM**

#03410

1700 Wheeler Peak Street, Las Vegas, NV 89106  
 Dr. John Onyema, Laboratory Director

Patient Name : HOLLAND, ROBERT  
 Patient Acct No: 8585703841  
 Med Record No: 184232

Accession No: 12-100-01420  
 Doctor: JOYA, JOSE F

Print Date: 4/9/2012  
 DOB: 01/13/1960  
 Sex: Male

**U R I N A L Y S I S - Q U I C K C A R E**

**CLINICAL URINALYSIS**

Date 04/09/2012  
 Day of Stay Mon  
 Time 07:15:00

Procedure	Units	Reference Range
COLOR	YELLOW	
APPEARANCE	CLEAR	
SPEC GRAVITY	1.015	[1.010-1.020]
U LEUKO ESTERASE	NEGATIVE	[NEGATIVE]
U NITRITE	NEGATIVE	[NEGATIVE]
PH	6.0	[5.0-8.0]
U PROTEIN	NEGATIVE	[NEGATIVE]
U GLUC(Quick Care)	NORMAL	[NORMAL]
U KETONES	NEGATIVE	[NEGATIVE]
U ROBIL(Quick Care)	NORMAL	
U BILIRUBIN	NEGATIVE	[NEGATIVE]
U BLOOD	NEGATIVE	[NEGATIVE]

**P a t i e n t   H a m e   H i s t o r y**

Patient's Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50 AM	Current

**JOSE JOYA, MD**  
**APR 10 2012**



Patient Name: HOLLAND, ROBERT	Account No: 8585703841	Location: PHM	Date: 4/9/2012
RESULT FLAGS:	L Low Result H High Result C Corrected Result	P Panic Range A Abnormal Result F There's a footnote (comment) associated with this result	

CRID: 10930584

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## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilodeau, M.D., Medical Director of Laboratories

#03410

Patient Name : HOLLAND, ROBERT  
 Hospital No. : 8585703841  
 Discharge Date: 04/09/2012

Room: PHM; -  
 MRN: 184232  
 Doctor: JOYA, JOSE F

Print Date: 4/10/2012  
 DOB: 01/13/1960  
 Sex: Male

## H E M A T O L O G Y

## COMPLETE BLOOD COUNT

Date 04/09/2012  
 Day of Stay Mon  
 Time 07:15:00

Procedure	Units	Reference Range
WBC	7.40	K/MM3 [4.30-12.00]
RBC	4.72	M/MM3 [4.50-6.00]
HGB	15.1	g/dL [13.0-17.0]
HCT	43.3	% [39.0-54.0]
MCV	91.9	fL [80.0-100.0]
MCH	32.0	pg [26.0-34.0]
MCHC	34.8	% [31.0-36.9]
PLATELET	306	K/MM3 [150-450]
MPV	8.1 L	fL [9.0-17.0]
RDW	13.6	% [11.0-16.0]
GRAN%	50.2	% [42.0-71.0]
MONO%	7.8	% [0.0-14.0]
LYMPH%	33.1	% [24.0-44.0]
EOS%	8.3 H	% [0.0-6.0]
BASO%	0.6	% [0.0-1.0]
NRBC%	0.0	% [0.0-0.1]
ABS GRAN	3.7	K/MM3 [1.8-7.7]
ABS MONO	0.6	K/MM3 [0.0-1.7]
ABS LYMPH	2.5	K/MM3 [1.0-4.8]
ABS EOS	0.6	K/MM3 [0.0-0.7]
ABS BASO	0.0	K/MM3 [0.0-0.3]

04/09/2012 07:15:00 SGCB:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

## MISCELLANEOUS HEMATOLOGY

Date 04/09/2012  
 Day of Stay Mon  
 Time 07:15:00

JOSE JOYA, MD

APR 10 2012

Procedure SED RATE 3  
 Units MM/HR  
 Reference Range [0-15]

Patient: HOLLAND, ROBERT Hosp. No.: 8585703841 Room: - Print Date: 4/10/2012

## RESULT FLAGS:

L Low Result  
 H High Result  
 C Corrected Result

P Panic Value  
 \* Abnormal Result  
 f There is a footnote (comment) associated with this result

RECEIVED 06/13/2019 CCMSI-LVMPD

## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilodeau, M.D., Medical Director of Laboratories

#03410

Patient Name : HOLLAND, ROBERT  
 Hospital No. : 8585703841  
 Discharge Date: 04/09/2012

Room: PHM: -  
 MRN: 184232  
 Doctor: JOYA, JOSE F

Print Date: 4/10/2012  
 DOB: 01/13/1960  
 Sex: Male

## U R I N A L Y S I S

## CLINICAL URINALYSIS

Date 04/09/2012  
 Day of Stay Mon  
 Time 07:15:00

Procedure	Units	Reference Range
COLOR	YELLOW	
APPEARANCE	CLEAR	
SPEC GRAVITY	1.015	[1.010-1.020]
U LEUKO ESTERASE	NEGATIVE	[NEGATIVE]
U NITRITE	NEGATIVE	[NEGATIVE]
PH	6.0	[5.0-8.0]
U PROTEIN	NEGATIVE	[NEGATIVE]
U GLUC(Quick Care)	NORMAL	[NORMAL]
U KETONES	NEGATIVE	[NEGATIVE]
U OBIL(Quick Care)	NORMAL	
U BILIRUBIN	NEGATIVE	[NEGATIVE]
U BLOOD	NEGATIVE	[NEGATIVE]

## C H E M I S T R Y

## GENERAL CHEMISTRY

Date 04/09/2012  
 Day of Stay Mon  
 Time 07:15:00

Procedure	Units	Reference Range
GGT	40	U/L [12-64]

04/09/2012 07:15:00 SGGGT:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

JOSE JOYA, MD

APR 10 2012

Patient:	Hosp. No.:	Room:	Print Date:
HOLLAND, ROBERT	8585703841	-	4/10/2012

RESULT FLAGS:	L	H	C	P	*	f
	Low Result	High Result	Corrected Result	Panic Value	Abnormal Result	There is a footnote (comment) associated with this result

RECEIVED 06/13/2019 CCMSI~LVMPD

## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilodeau, M.D., Medical Director of Laboratories

#03410

Patient Name : HOLLAND, ROBERT

Room: PHM: -

Print Date: 4/10/2012

Hospital No. : 8585703841

MRN: 184232

DOB: 01/13/1960

Discharge Date: 04/09/2012

Doctor: JOYA, JOSE F

Sex: Male

## C H E M I S T R Y

## COMPREHENSIVE METABOLIC PANEL

Date 04/09/2012  
Day of Stay Mon  
Time 07:15:00

Procedure		Units	Reference Range
SODIUM	140	MMOL/L	[136-145]
POTASSIUM	4.9	MMOL/L	[3.5-5.1]
CHLORIDE	106	MMOL/L	[98-110]
CO2	23	MMOL/L	[22-31]
Anion Gap	11	MMOL/L	[8-16]
GLUCOSE	91	MG/DL	[70-110]
BUN	21	MG/DL	[9-26]
CREATININE	1.0	MG/DL	[0.6-1.3]
CALCIUM	9.4	MG/DL	[8.4-10.2]
MAGNESIUM	2.3	MG/DL	[1.6-2.6]
PHOSPHORUS	3.5	MG/DL	[2.3-4.7]
CHOLESTEROL	186	MG/DL	[<=200]
URIC ACID	7.1	MG/DL	[3.5-8.0]
TOTAL PROTEIN	7.0	G/DL	[6.4-8.3]
ALBUMIN	4.1	G/DL	[3.5-5.0]
GLOBULIN	2.9	G/DL	[1.3-3.7]
A/G RATIO	1.4		[0.9-3.5]
AST (SGOT)	22	U/L	[5-34]
ALT (SGPT)	41	U/L	[0-55]
LDH	177	U/L	[125-243]
ALK PHOS	56	U/L	[40-150]
TOTAL BILI	0.4	MG/DL	[0.0-1.2]
Direct BILI	0.2	MG/DL	[0.0-0.5]

04/09/2012 07:15:00 CHOLESTEROL:

Total Cholesterol Reference:

< 200 Desirable  
200 - 239 Borderline  
> 240 High

JOSE JOYA, MD

APR 10 2012

04/09/2012 07:15:00 SGCOMP:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

Patient: HOLLAND, ROBERT	Hosp. No.: 8585703841	Room: -	Print Date: 4/10/2012
RESULT FLAGS:			
L	Low Result	P	Panic Value
H	High Result	*	Abnormal Result
C	Corrected Result	f	There is a footnote (comment) associated with this result

RECEIVED 06/13/2019 CCMSI-LVMPD

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Patient Name : HOLLAND, ROBERT  
 Hospital No. : 8585703841  
 Discharge Date: 04/09/2012

Room: PHM: -  
 MRN: 184232  
 Doctor: JOYA, JOSE F

Print Date: 4/10/2012  
 DOB: 01/13/1960  
 Sex: Male

## C H E M I S T R Y

## CARDIAC MONITORS

Date 04/09/2012  
 Day of Stay Mon  
 Time 07:15:00

Procedure CK Units U/L Reference Range [30-200]

04/09/2012 07:15:00 SGCK:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

## LIPID PANEL

Date 04/09/2012  
 Day of Stay Mon  
 Time 07:15:00

Procedure	Units	Ref Range
CHOLESTEROL i	186	MG/DL [≤200] 186
TRIGLYCERIDE	181 H	MG/DL [≤150] 157
HDL i	30 L	MG/DL [≥60] 37
calculated LDL i	120 H	MG/DL [≤100] 117

04/09/2012 07:15:00 HDL:

HDL Cholesterol Reference:

< 40 Low  
 ≥ 60 High

04/09/2012 07:15:00 calculated LDL:

LDL Cholesterol Reference:

< 100 Optimal  
 100 - 129 Near Optimal/Above Optimal  
 130 - 159 Borderline High  
 160 - 189 High  
 ≥ 190 Very High

JOSE JOYA, MD  
 APR 10 2012

04/09/2012 07:15:00 SGLIPID:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

Patient: HOLLAND, ROBERT	Hosp. No.: 8585703841	Room: -	Print Date: 4/10/2012
<b>RESULT FLAGS:</b>			
L	Low Result	P	Panic Value
H	High Result	*	Abnormal Result
C	Corrected Result	f	There is a footnote (comment) associated with this result

CR ID: 10933802

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## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Medical Director of Laboratories

03410

Patient Name : HOLLAND, ROBERT  
Hospital No. : 8585703841  
Discharge Date: 04/09/2012Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE FPrint Date: 4/10/2012  
DOB: 01/13/1960  
Sex: Male

## I M M U N O C H E M I S T R Y

## HEPATITIS

Date 04/09/2012  
Day of Stay Mon  
Time 07:15:00

Procedure	Units	Reference Range
Hepatitis A Antibody, IGM	NON REACTIVE	
Hepatitis B Core Antibody, IGM	NON REACTIVE	
Hepatitis B Surface Antigen i	NON REACTIVE	
Hepatitis C Antibody	NON REACTIVE	
Hep C Antibody Units	.06	S/CO
Hep C Antibody Interp	See Below	

04/09/2012 07:15:00 Hep C Antibody Interp  
Hepatitis C Antibody Interpretation - NEGATIVE04/09/2012 07:15:00 Hepatitis B Surface Antigen:  
HBSAG reactivity should be correlated with patient history and the presence of other hepatitis markers.

## Name History

Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50	Current

JOSE JOYA, MD

APR 10 2012

Patient: HOLLAND, ROBERT	Hosp. No.: 8585703841	Room: -	Print Date: 4/10/2012
RESULT FLAGS:	L Low Result	P Panic Value	
	H High Result	* Abnormal Result	
	C Corrected Result	f There is a footnote (comment) associated with this result	

4/4

SHM- Summerlin Hospital Medical Center  
657 Town Center Drive  
Las Vegas, NV 89144-6367

Patient: HOLLAND, ROBERT  
MRN: SHM4951015

Admit: 5/29/2019

Disch: 6/4/2019

Disch Time: 12:08 PDT

FIN: SHM0000016256695

DOB/Sex: 1/13/1960 / Male

Attending: Awaji, Obinna N MD

### Operative Record

DOCUMENT NAME:	Cardiac Cath Report
SERVICE DATE/TIME:	6/3/2019 09:27 PDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Chaudhry, Khalid A MD (6/3/2019 09:39 PDT)
SIGN INFORMATION:	Chaudhry, Khalid A MD (6/3/2019 09:39 PDT)

### CARDIAC CATHETERIZATION REPORT

DATE OF PROCEDURE: 6/3/2019

OPERATOR:  
Khalid Chaudhry, MD

REFERRING PHYSICIAN:  
Dost Wattoo, MD

#### PROCEDURES PERFORMED:

- # Selective coronary angiography
- # Intravascular ultrasound of LAD using Volcano Eagle eye platinum catheter
- # PTCA and stent mid LAD with RESOLUTE ONYX 3.0 x 26 mm stent postdilated with noncompliant 3.25 followed by 3.5 mm balloon at high pressure
- # PTCA and stent of proximal LAD with RESOLUTE ONYX 4.0 x 18 mm stent postdilated with noncompliant 4.5 mm balloon at high pressure
- # PTCA of diagonal with 2.5 x 12 mm balloon

#### INDICATION:

59-year-old gentleman with non-ST elevation

#### ACCESS AND CLOSURE:

7 F sheath right radial artery  
Hemostasis achieved with TR band

#### ANTICOAGULATION:

Aspirin. Heparin. Ticagrelor.

#### RENAL FUNCTION:

Creatinine: 0.9 GFR greater than 60

#### CONTRAST USED:

220 ml of Isovue

#### RADIATION:

0.873 gy

#### SEDATION:

RECEIVED  
JUN 12 2019  
CCMSI ~ LVMPD

Medical Record

Print Date/Time 6/11/2019 13:33 PDT

Report Request ID: 411479472

Page 1 of 4

45  
00092

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
MRN: SHM4951015  
DOB/Sex: 1/13/1960 / Male  
Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
Disch: 6/4/2019  
FIN: SHM0000016256695

**Operative Record**

Versed and Fentanyl IV - moderate sedation for 75 minutes, with continuous hemodynamic monitoring.

**METHOD:**

After written and verbal consent obtained, patient brought to the cardiac cath lab.  
Right wrist prepped and draped in usual sterile manner and using micropuncture technique access obtained. Intravascular NTG and Heparin given per protocol  
Catheters used: JR4. EBU 3.5  
At the end of procedure, all catheters, wires and sheaths removed. Patient tolerated procedure well, no immediate complications.

**LEFT HEART HEMODYNAMICS:**

Aortic pressure (mmHg): 140/70

**VASCULAR ANATOMY:**

Left main is a large-caliber vessel and is widely patent. Bifurcates into left anterior descending and left circumflex artery.

Left anterior descending has proximal 75% lesion followed by another 99% subtotal lesion at the point of bifurcation with a diagonal.

Left circumflex is a large-caliber dominant vessel gives off 2 large obtuse marginal in the proximal and mid segment distally gives off a large PDA. There is a stent in the distal left circumflex that is widely open followed by a stent in the PDA that is widely open

**INTERVENTION DETAILS:**

Use heparin for anticoagulation and ACT maintained above 250.

After engaging the left main with a guide catheter, I advanced a pro-water wire into the LAD and a samurai wire into the diagonal. We then predilated the proximal LAD with a 3.0 x 15 mm scoring balloon and predilated the mid LAD with 2.5 x 10 mm scoring balloon. We used the same balloon to predilate the lesion of the ostial diagonal. Plan was to do provisional side branch stenting technique. After that we performed intravascular ultrasound to size the vessels and it showed distal vessel reference area for about 3.5 and proximal run 4.5 mm with concentric soft plaque, severe disease. After that we advanced our drug-eluting stent 3.0 x 26 mm and this was deployed in the mid LAD at nominal pressure and then postdilated initially with a 3.25 x 15 mm noncompliant balloon followed by 3.5 x 15 mm noncompliant balloon at high pressure. Multiple intracoronary nitroglycerin injections were used. It showed pinching of the ostium of diagonal with TIMI II flow. At this point I used a twin pass catheter and rewired the diagonal with a long samurai wire. Over this wire we predilated the struts of the stent with 2.5 x 12 mm balloon and then performed simultaneous kissing balloon inflation with a 3.25 x 15 mm balloon in the LAD stent and 2.5 x 12 mm balloon in the diagonal. After intracoronary nitroglycerin angiographic images showed ostial pinching TIMI-3 flow. We then diverted our attention to the proximal LAD lesion and deployed to 4.0 x 18 mm stent and this was postdilated with a noncompliant 4.5 x 15 mm balloon at high pressure. After intracoronary nitroglycerin, final angiographic images showed excellent stent deployment with 0% residual stenosis, TIMI-3 flow and no proximal or distal dissection. Patient was started on intravenous nitroglycerin for some chest discomfort and was transferred to recovery.

**CONCLUSION:**

Successful PCI of LAD and diagonal.  
Patent stents in the left circumflex.

**PLAN:**

Dual antiplatelet treatment uninterrupted.  
Risk factor modification

Khalid Chaudhry, MD, FACC, FSCAI  
Interventional Cardiology  
Heart Center of Nevada

Electronically Signed By: Chaudhry, Khalid  
On: 06.03.2019 09:39 PDT

Print Date/Time 6/11/2019 13:33 PDT

Medical Record

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JUN 12 2019

CCMSI ~ LVMPD

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
MRN: SHM4951015  
DOB/Sex: 1/13/1960 / Male  
Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
Disch: 6/4/2019  
FIN: SHM0000016256695

**Operative Record**

## DOCUMENT NAME:

Cardiac Cath Report

## SERVICE DATE/TIME:

5/30/2019 08:50 PDT

## RESULT STATUS:

Auth (Verified)

## PERFORM INFORMATION:

Chaudhry, Khalid A MD (5/30/2019 09:01 PDT)

## SIGN INFORMATION:

Chaudhry, Khalid A MD (5/30/2019 09:01 PDT)

**CARDIAC CATHETERIZATION REPORT**

DATE OF PROCEDURE: 5/30/2019

## OPERATOR:

Khalid Chaudhry, MD

## REFERRING PHYSICIAN:

Dost Wattoo, MD

Obinna Awaji, MD

## PROCEDURES PERFORMED:

# Selective coronary angiography

# PTCA and stent distal left circumflex with RESOLUTE ONYX 4.0 x 15 mm stent postdilated with noncompliant 4.0 mm balloon at high pressure

# PTCA and stent of left PDA with RESOLUTE ONYX 2.75 x 18 mm stent postdilated with noncompliant 2.75 mm balloon at high pressure

## INDICATION:

59-year-old gentleman with non-ST elevation

## ACCESS AND CLOSURE:

6 F sheath right radial artery

Hemostasis achieved with TR band

## ANTICOAGULATION:

Aspirin. Heparin. Ticagrelor. Cangrelor

## RENAL FUNCTION:

Creatinine: 0.9 GFR greater than 60

## CONTRAST USED:

120 ml of Isovue

## RADIATION:

1.7 Gy

## SEDATION:

Versed and Fentanyl IV - moderate sedation for 60 minutes, with continuous hemodynamic monitoring.

## METHOD:

After written and verbal consent obtained, patient brought to the cardiac cath lab.

Print Date/Time 6/11/2019 13:33 PDT

Medical Record

Page 3 of 4

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
MRN: SHM4951015  
DOB/Sex: 1/13/1960 / Male  
Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
Disch: 6/4/2019  
FIN: SHM0000016256695

**Operative Record**

Right wrist prepped and draped in usual sterile manner and using micropuncture technique access obtained. Intravascular NTG and Heparin given per protocol  
Catheters used: JR4, EBU 3.5  
At the end of procedure, all catheters, wires and sheaths removed. Patient tolerated procedure well, no immediate complications.

**LEFT HEART HEMODYNAMICS:**  
Aortic pressure (mmHg): 140/70

**VASCULAR ANATOMY:**

Left main is a large-caliber vessel and is widely patent. Bifurcates into left anterior descending and left circumflex artery.

Left anterior descending has proximal 75% lesion followed by another 99% subtotal lesion at the point of bifurcation with a diagonal.

Left circumflex is a large-caliber dominant vessel gives off 2 large obtuse marginal in the proximal and mid segment distally gives off a large PDA. There is a subtotal 99% occlusion in the distal left circumflex and another 75% lesion in the left PDA. There is TIMI II flow distally

Right coronary artery is a nondominant vessel and is patent with slow flow

**INTERVENTION DETAILS:**

Use heparin for anticoagulation and ACT maintained above 250.

Patient was not on a second antiplatelet agent therefore Cangrelor IV was used.

After engaging the left main with a guide catheter, I advanced a pro-water wire distally into the left PDA and predilated the lesion with 2.5 x 12 mm balloon followed by 3.0 x 12 mm balloon with significant vessel recoil. I had to use the guidezilla for support and selective angiogram. After that we deployed a 4.0 x 15 mm stent at high pressure and then distal lesion was addressed with a 2.75 x 18 mm stent. We postdilated the distal stent with 2.75 x 12 mm noncompliant balloon at high pressure. The distal circumflex stent was postdilated with a noncompliant 4.0 x 12 mm balloon at high pressure. After multiple intracoronary injections of nitroglycerin, final angiographic images showed excellent stent deployment with 0% residual stenosis no proximal or distal dissection and TIMI-3 flow distally. Patient at this point was asymptomatic, hemodynamically stable and transferred to recovery.

**CONCLUSION:**

Two-vessel coronary artery disease as described above with successful PCI of left circumflex and PDA

**PLAN:**

Staged PCI of LAD.

Khalid Chaudhry, MD, FACC, FSCAI  
Interventional Cardiology  
Heart Center of Nevada

Electronically Signed By: Chaudhry, Khalid  
On: 05.30.2019 09:01 PDT

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JUN 12 2019

CCMSI ~ LVMPD

SHM- Summerlin Hospital Medical Center  
657 Town Center Drive  
Las Vegas, NV 89144-6367

Patient: HOLLAND, ROBERT  
MRN: SHM4951015

Admit: 5/29/2019

Disch: 6/4/2019

Disch Time: 12:08 PDT

FIN: SHM0000016256695

DOB/Sex: 1/13/1960 / Male

Attending: Awaji, Obinna N MD

### History and Physical Reports

DOCUMENT NAME:

History & Physical

SERVICE DATE/TIME:

5/29/2019 20:00 PDT

RESULT STATUS:

Auth (Verified)

PERFORM INFORMATION:

Torio, Nerissa S APRN (5/29/2019 23:24 PDT)

SIGN INFORMATION:

Awaji, Obinna N MD (5/30/2019 18:10 PDT); Torio, Nerissa S APRN (5/29/2019 23:24 PDT)

#### Chief Complaint/Reason for Consultation

CP since Sunday night into Monday. "flared up" again today. Contact Dr. Chaudry cardio at 702-769-2207

#### Histories

##### Allergies

**Allergies** (Active and Proposed Allergies Only)

No Known Allergies (Severity: Unknown severity, Onset: Unknown)

#### History of Present Illness

This patient is a 59-year-old male with past medical history of asthma, hypothyroidism and hypertension who was sent by Dr. Wattoo due to complaints of chest pain. Patient reports that he has been having chest pain since Sunday night and Tuesday he had made an appointment with Dr. Wattoo's clinic and upon seeing him he was advised to come to the ED right away. Patient describes a stress pain as pressure-like sensation which radiates to the left arm and left jaw, associated with shortness of breath and diaphoresis.

Patient was seen and evaluated by Dr. Chaudhry in the ED.

Initial work-up in the ED, laboratory results remarkable for RBC 6.5, hemoglobin 18.0, hematocrit 56.9, initial troponin 16.520. Heparin drip was initiated in the ED. Patient's vital signs are stable. Initial EKG showed normal sinus rhythm, T waves changes in the inferior lateral leads, no acute ST changes.

On exam, patient is alert and oriented x4. He denies chest pain at this time. He denies any cardiac history aside from hypertension. Patient denies cigarette smoking, alcohol abuse or illicit drug use. At this time patient is hemodynamically stable he will be admitted to IMC.

#### Past Medical History

##### Active Problems (3)

Asthma

HTN (hypertension)

Kidney stones

#### Past Surgical History

discectomy

#### Review of Systems

A 14 point review of systems performed is otherwise negative with exception what is mentioned in HPI.

#### Social History

Alcohol

Details: Current

Substance Abuse

Details: Denies

Tobacco

Details: Denies

#### Objective

#### Measurements (most recent)

No Data Available

<u>Vital Signs (24 hrs)</u>	<u>Last Charted</u>	<u>Minimum</u>	<u>Maximum</u>
Temp	36.67 05/29/2019 14:49	36.67 05/29/2019 14:49	36.67 05/29/2019 14:49
Heart Rate	87 05/29/2019 21:09	74 05/29/2019 16:12	94 05/29/2019 20:09
Monitored			
Resp Rate	16 05/29/2019 21:09	16 05/29/2019 14:49	16 05/29/2019 14:49

#### Medications

##### Home Medications

fluticasone-salmeterol (Advair Diskus 100 mcg-50 mcg inhalation powder) 1 Puffs Inhalation 2 Times a Day

#### Medical Record

Print Date/Time 6/11/2019 13:17 PDT

Report Request ID: 411473471

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

### History and Physical Reports

SBP	H 145	05/29/2019	122	05/29/2019	H 145	05/29/2019
		21:09		16:12		21:09
DBP	85	05/29/2019	66	05/29/2019	88	05/29/2019
		21:09		17:33		16:12
MAP	109	05/29/2019	95	05/29/2019	109	05/29/2019
		21:09		17:33		21:09
SpO2	94	05/29/2019	94	05/29/2019	96	05/29/2019
		21:09		16:12		14:49
O2 Therapy	Room air		Room air			

**Pain Scores (Last Within 24hrs)**  
 Numeric Pain Scale: 0 = No pain (21:09)

#### Intake and Output (current encounter)

No Data Available

#### Precautions

No Precautions documented.

#### Physical Exam

##### Physical Exam

**General:** Alert, In no acute cardiopulmonary distress.  
**Mental Status:** Oriented to person, place and time. Normal affect  
**Head:** Normocephalic.  
**Eyes:** Pupils are equal, round and reactive to light. Extraocular muscles intact  
**Ear, Nose and Throat:** Oropharynx clear, mucous membranes moist. Ears and nose without masses, lesions or deformities. Trachea midline.  
**Neck:** Supple, Full range of motion.  
**Respiratory:** Clear to auscultation. No wheezing, rales or rhonchi.  
**Cardiovascular:** Heart sounds normal. No thrills. Regular rate and rhythm, no murmurs, rubs or gallops.  
**Gastrointestinal:** Abdomen soft, non-tender, non-distended. Normal bowel sounds. No pulsatile mass. No hepatosplenomegaly.  
**Genitourinary:** No costovertebral angle tenderness.  
**Neurologic:** Cranial nerves II-XII grossly intact. No focal neurological deficits. Moves all extremities spontaneously. Sensation intact bilaterally.  
**Skin:** No rashes or lesions. No petechiae or purpura. No edema.  
**Musculoskeletal:** No cyanosis or clubbing. No gross deformities. Normal range of motion.  
**Lymphatics:** Palpation of neck reveals no swelling or tenderness of neck nodes.

#### Assessment/Plan

##### Diagnoses

Non-ST elevation MI (NSTEMI) (I21.4)  
 Chest pain (R07.9)

#### Inpatient Medications

Active (11)  
 Scheduled: (5)  
 aspirin 81 mg Chew Tab 81 mg 1 Tabs, Oral, Daily  
 atorvastatin 20 mg Tab 40 mg 2 Tabs, Oral, qHS  
 carvedilol 3.125 mg Tab 3.125 mg 1 Tabs, Oral, BID With Meals  
 famotidine 20 mg Tab 20 mg 1 Tabs, Oral, BID  
 lisinopril 10 mg Tab 10 mg 1 Tabs, Oral, Daily  
 Continuous: (2)  
 heparin/D5W 25,000 units [1000 units/hr] + Premix D5W 250 mL 250 mL, IV, 10 mL/hr  
 Sodium Chloride 0.9% 1,000 mL 1,000 mL, IV, 75 mL/hr  
 PRN: (4)  
 acetaminophen 325 mg Tab 650 mg 2 Tabs, Oral, q6H  
 morphine 2 mg/mL Inj 1 mL PF 2 mg 1 mL, IV Push, q4H  
 nitroglycerin 0.4 mg sublingual Tab 0.4 mg 1 Tabs, Sublingual, q5Min Interval  
 ondansetron 4 mg/2 mL vial 4 mg 2 mL, IV Push, q6H

#### IV Titrations (24 hrs)

heparin 25,000 units	1000
[1000 units/hr] + Premix	units/h
D5W 250 mL	r
	17:32

#### Results

##### Recent Labs

##### Cardiac

Troponin I	17.380 ng/mL (Critical)	05/29/2019 21:46
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##### General Chemistry

Sodium	135 mmol/L (Low)	05/29/2019 15:18
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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

## History and Physical Reports

**Assessment:**

Chest pain (R07.9)

Non-ST elevation MI (NSTEMI) (I21.4)

**PLAN:**

- IMC status
- trend troponin
- heparin drip per protocol
- cards consulted Dr. Chaudhry
- CP protocol
- BP monitoring and control
- resume home meds as appropriate
- NPO past midnight
- for angio in AM
- further recs/orders per attending

**Non-ST elevation MI (NSTEMI) (I21.4):**

- » ACEI or ARB for LVSD: ACEI has been ordered
- » Beta-Blocker Ordered: Beta-Blocker Ordered
- » Aspirin Ordered: Aspirin Ordered
- » Statin Ordered: Statin Ordered
- » Cardiac Rehabilitation Phase I: Inpatient Consultation Ordered

**VTE: SCD**

- » VTE Prophylaxis Assessment: Risk Level documented as Low Risk

**Discharge Planning:**

Potassium	4.6 mmol/L	05/29/2019 15:18
Chloride	105 mmol/L	05/29/2019 15:18
CO2	25 mmol/L	05/29/2019 15:18
Anion Gap	5 mmol/L	05/29/2019 15:18
Glucose Level	79 mg/dL	05/29/2019 15:18
BUN	17 mg/dL	05/29/2019 15:18
Creatinine	1.180 mg/dL	05/29/2019 15:18
BUN/Creat Ratio	14	05/29/2019 15:18
Calcium	9.2 mg/dL	05/29/2019 15:18
Mg Lvl	2.5 mg/dL (High)	05/29/2019 15:18
Estimated Creatinine Clearance	71.79 mL/min	05/29/2019 16:15
eGFR Non-African American	67 mL/min/1.73m <sup>2</sup>	05/29/2019 15:18
eGFR African American	78 mL/min/1.73m <sup>2</sup>	05/29/2019 15:18
eGFR Pediatric	Not Reported mL/min/1.73m <sup>2</sup>	05/29/2019 15:18
Calc Osmo	271 mOsmol/kg (Low)	05/29/2019 15:18

**General Coagulation**

PT	10.9 Seconds	05/29/2019 15:18
INR	1.0	05/29/2019 15:18
PTT	30 Seconds	05/28/2019 15:18

**General Hematology**

WBC	10.03 x10e3/mcL	05/29/2019 15:18
RBC	6.50 x10e6/mcL (High)	05/29/2019 15:18

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SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

### History and Physical Reports

Hgb	18.0 gm/dL (High)	05/29/2019 15:18
Hct	56.9 % (High)	05/29/2019 15:18
MCV	87.5 Femtoliters	05/29/2019 15:18
MCH	27.7 pg	05/29/2019 15:18
MCHC	31.6 gm/dL	05/29/2019 15:18
RDW-CV	17.0 % (High)	05/29/2019 15:18
RDW-SD	51.3 Femtoliters (High)	05/29/2019 15:18
Plt	303 $\times 10^3/\text{mcL}$	05/29/2019 15:18
MPV	9.9 Femtoliters	05/29/2019 15:18
Neut % Auto	60.8 %	05/29/2019 15:18
Lymph % Auto	23.5 %	05/29/2019 15:18
Mono % Auto	10.4 %	05/29/2019 15:18
Eos % Auto	4.1 %	05/29/2019 15:18
Baso % Auto	0.8 %	05/29/2019 15:18
Immature Grans %	0.4 %	05/29/2019 15:18
Neut # Auto	6.10 $\times 10^3/\text{mcL}$	05/29/2019 15:18
Lymph # Auto	2.36 $\times 10^3/\text{mcL}$	05/29/2019 15:18
Mono # Auto	1.04 $\times 10^3/\text{mcL}$	05/29/2019 15:18
Eos # Auto	0.41 $\times 10^3/\text{mcL}$ (High)	05/29/2019 15:18
Baso # Auto	0.08 $\times 10^3/\text{mcL}$	05/29/2019 15:18
Immature Grans # Auto	0.04 $\times 10^3/\text{mcL}$	05/29/2019 15:18

#### Blood Glucose Trend

Glucose Level: 79 mg/dL (05/29/19 15:18:00)

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Print Date/Time 6/11/2019 13:17 PDT

Medical Record

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SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT

MRN: SHM4951015

DOB/Sex: 1/13/1960 / Male

Attending: Awaji, Obinna N MD

Admit: 5/29/2019

Disch: 6/4/2019

FIN: SHM0000016256695

**History and Physical Reports****CBC (Last Within 24hrs)**

WBC: 10.03 x10e3/mcL (15:18)

Hgb: 18 gm/dL High (15:18)

Hct: 56.9 % High (15:18)

Plt: 303 x10e3/mcL (15:18)

**Differential (Last Within 24hrs)**

- Automated -

Neut % Auto: 60.8 % (15:18)

Lymph % Auto: 23.5 % (15:18)

Mono % Auto: 10.4 % (15:18)

Eos % Auto: 4.1 % (15:18)

Baso % Auto: 0.8 % (15:18)

Immature Grans %: 0.4 % (15:18)

Neut # Auto: 6.1 x10e3/mcL (15:18)

Lymph # Auto: 2.36 x10e3/mcL (15:18)

Mono # Auto: 1.04 x10e3/mcL (15:18)

Baso # Auto: 0.08 x10e3/mcL (15:18)

Immature Grans # Auto: 0.04 x10e3/mcL (15:18)

**BMP, Mg, and Phos (Last Within 24hrs)**

Sodium: 135 mmol/L Low (15:18)

Potassium: 4.6 mmol/L (15:18)

Chloride: 105 mmol/L (15:18)

CO2: 25 mmol/L (15:18)

BUN: 17 mg/dL (15:18)

Creatinine: 1.18 mg/dL (15:18)

Glucose Level: 79 mg/dL (15:18)

Calcium: 9.2 mg/dL (15:18)

Mg Lvl: 2.5 mg/dL High (15:18)

**Coagulation Profile (Last Within 24hrs)**

INR: 1 (15:18)

PT: 10.9 Seconds (15:18)

PTT: 30 Seconds (15:18)

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**Cardiology Labs**

Troponin I: 17.38 ng/mL Critical (05/29/19 21:46:00)

Troponin I: 17.55 ng/mL Critical (05/29/19 19:14:00)

Troponin I: 16.52 ng/mL Critical (05/29/19 15:18:00)

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
MRN: SHM4951015  
DOB/Sex: 1/13/1960 / Male  
Attending: Awaji, Obinna N MD

Admit: 5/29/2019

Disch: 6/4/2019

FIN: SHM0000016256695

**History and Physical Reports**

*Electronically Signed By: Torio, Nerissa*  
*On: 05.29.2019 23:24 PDT*

*Electronically Signed On: 05.30.2019 18:10 PDT*  
*Awaji, Obinna*

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CCMSI - LVI-110

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019

FIN: SHM0000016256695

## Hematology

## General Hematology

Procedure	Collected Date 5/29/2019 Collected Time 15:18 PDT	5/30/2019 03:51 PDT	5/30/2019 05:43 PDT	5/31/2019 04:15 PDT	Units	Reference Range
WBC	10.03 <sup>1</sup>	9.48 <sup>01</sup>	9.86 <sup>1</sup>	10.41 <sup>1</sup>	x10e3/mcL	[3.18-12.74]
RBC	6.50 <sup>H</sup>	6.11 <sup>H01</sup>	6.09 <sup>H</sup>	6.06 <sup>H</sup>	x10e6/mcL	[4.08-5.80]
Hgb	18.0 <sup>H</sup>	17.0 <sup>01</sup>	16.6 <sup>1</sup>	16.6 <sup>1</sup>	gm/dL	[12.3-17.2]
Hct	56.9 <sup>H</sup>	53.1 <sup>H01</sup>	53.9 <sup>H</sup>	52.8 <sup>H</sup>	%	[37.0-52.0]
MCV	87.5 <sup>1</sup>	86.9 <sup>01</sup>	88.5 <sup>1</sup>	87.1 <sup>1</sup>	Femtoliters	[83.0-97.0]
MCH	27.7 <sup>1</sup>	27.8 <sup>01</sup>	27.3 <sup>1</sup>	27.4 <sup>1</sup>	pg	[27.3-32.4]
MCHC	31.6 <sup>1</sup>	32.0 <sup>01</sup>	30.8 <sup>L</sup>	31.4 <sup>1</sup>	gm/dL	[31.3-35.1]
RDW-CV	17.0 <sup>H</sup>	16.4 <sup>H01</sup>	17.2 <sup>H</sup>	16.1 <sup>H</sup>	%	[11.4-14.7]
RDW-SD	51.3 <sup>H</sup>	50.7 <sup>01</sup>	51.8 <sup>H</sup>	50.4 <sup>1</sup>	Femtoliters	[35.3-50.7]
Plt	303 <sup>1</sup>	305 <sup>01</sup>	285 <sup>1</sup>	288 <sup>1</sup>	x10e3/mcL	[140-400]
MPV	9.9 <sup>1</sup>	10.2 <sup>01</sup>	10.0 <sup>1</sup>	9.5 <sup>1</sup>	Femtoliters	[7.2-12.6]
Neut % Auto	60.8 <sup>1</sup>	55.1 <sup>1</sup>	51.2 <sup>1</sup>	60.0 <sup>1</sup>	%	
Lymph % Auto	23.6 <sup>1</sup>	30.9 <sup>1</sup>	33.9 <sup>1</sup>	24.2 <sup>1</sup>	%	
Mono % Auto	10.4 <sup>1</sup>	8.5 <sup>1</sup>	8.7 <sup>1</sup>	10.1 <sup>1</sup>	%	
Eos % Auto	4.1 <sup>1</sup>	4.5 <sup>1</sup>	5.1 <sup>1</sup>	4.8 <sup>1</sup>	%	
Baso % Auto	0.8 <sup>1</sup>	0.8 <sup>1</sup>	0.8 <sup>1</sup>	0.6 <sup>1</sup>	%	
Immature Grans %	0.4 <sup>H</sup>	0.2 <sup>H</sup>	0.3 <sup>H</sup>	0.3 <sup>H</sup>	%	[0.0-0.8]
Neut # Auto	6.10 <sup>1</sup>	5.21 <sup>1</sup>	5.05 <sup>1</sup>	6.25 <sup>1</sup>	x10e3/mcL	[0.90-8.70]
Lymph # Auto	2.36 <sup>1</sup>	2.93 <sup>1</sup>	3.34 <sup>1</sup>	2.52 <sup>1</sup>	x10e3/mcL	[0.70-3.80]
Mono # Auto	1.04 <sup>1</sup>	0.81 <sup>1</sup>	0.86 <sup>1</sup>	1.05 <sup>1</sup>	x10e3/mcL	[0.10-1.10]
Eos # Auto	0.41 <sup>H</sup>	0.43 <sup>H</sup>	0.50 <sup>H</sup>	0.50 <sup>H</sup>	x10e3/mcL	[0.00-0.40]
Baso # Auto	0.08 <sup>1</sup>	0.08 <sup>1</sup>	0.08 <sup>1</sup>	0.06 <sup>1</sup>	x10e3/mcL	[0.00-0.10]
Immature Grans # Auto	0.04 <sup>1</sup>	0.02 <sup>1</sup>	0.03 <sup>1</sup>	0.03 <sup>1</sup>	x10e3/mcL	[0.00-0.07]

Procedure	Collected Date 6/1/2019 Collected Time 08:45 PDT	6/2/2019 08:21 PDT	6/3/2019 04:10 PDT	6/4/2019 04:38 PDT	Units	Reference Range
WBC	10.26 <sup>1</sup>	10.60 <sup>1</sup>	11.00 <sup>1</sup>	11.78 <sup>1</sup>	x10e3/mcL	[3.18-12.74]
RBC	6.50 <sup>H</sup>	6.41 <sup>H</sup>	6.51 <sup>H</sup>	6.23 <sup>H</sup>	x10e6/mcL	[4.08-5.80]
Hgb	17.9 <sup>H</sup>	17.5 <sup>H</sup>	17.9 <sup>H</sup>	17.0 <sup>1</sup>	gm/dL	[12.3-17.2]
Hct	56.8 <sup>H</sup>	56.4 <sup>H</sup>	56.3 <sup>H</sup>	53.7 <sup>H</sup>	%	[37.0-52.0]
MCV	87.4 <sup>1</sup>	88.0 <sup>1</sup>	86.5 <sup>1</sup>	86.2 <sup>1</sup>	Femtoliters	[83.0-97.0]
MCH	27.5 <sup>1</sup>	27.3 <sup>1</sup>	27.5 <sup>1</sup>	27.3 <sup>1</sup>	pg	[27.3-32.4]
MCHC	31.5 <sup>1</sup>	31.0 <sup>L</sup>	31.8 <sup>1</sup>	31.7 <sup>1</sup>	gm/dL	[31.3-35.1]
RDW-CV	17.1 <sup>H</sup>	17.2 <sup>H</sup>	16.8 <sup>H</sup>	17.2 <sup>H</sup>	%	[11.4-14.7]
RDW-SD	50.6 <sup>1</sup>	50.9 <sup>H</sup>	49.2 <sup>1</sup>	49.2 <sup>1</sup>	Femtoliters	[35.3-50.7]
Plt	309 <sup>1</sup>	309 <sup>1</sup>	301 <sup>1</sup>	312 <sup>1</sup>	x10e3/mcL	[140-400]
MPV	9.5 <sup>1</sup>	9.6 <sup>1</sup>	9.4 <sup>1</sup>	9.7 <sup>1</sup>	Femtoliters	[7.2-12.6]
Neut % Auto	61.8 <sup>1</sup>	59.6 <sup>1</sup>	62.7 <sup>1</sup>	66.2 <sup>1</sup>	%	
Lymph % Auto	21.9 <sup>1</sup>	23.3 <sup>1</sup>	22.2 <sup>1</sup>	18.5 <sup>1</sup>	%	

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT

Admit: 5/29/2019

MRN: SHM4951015

Disch: 6/4/2019

DOB/Sex: 1/13/1960 / Male

FIN: SHM0000016256695

Attending: Awaji, Obinna N MD

**Hematology****General Hematology**

Procedure	Collected Date 6/1/2019	6/2/2019	6/3/2019	6/4/2019	Units	Reference Range
	Collected Time 06:45 PDT	05:21 PDT	04:10 PDT	04:38 PDT		
Mono % Auto	9.3 <sup>1</sup>	9.1 <sup>1</sup>	7.5 <sup>1</sup>	9.3 <sup>1</sup>	%	
Eos % Auto	5.9 <sup>1</sup>	6.8 <sup>1</sup>	6.4 <sup>1</sup>	4.8 <sup>1</sup>	%	
Baso % Auto	0.8 <sup>1</sup>	0.9 <sup>1</sup>	0.8 <sup>1</sup>	0.9 <sup>1</sup>	%	
Immature Grans %	0.3 <sup>1</sup>	0.3 <sup>1</sup>	0.4 <sup>1</sup>	0.3 <sup>1</sup>	%	[0.0-0.8]
Neut # Auto	6.34 <sup>1</sup>	6.32 <sup>1</sup>	6.90 <sup>1</sup>	7.79 <sup>1</sup>	x10e3/mcL	[0.90-8.70]
Lymph # Auto	2.25 <sup>1</sup>	2.47 <sup>1</sup>	2.44 <sup>1</sup>	2.18 <sup>1</sup>	x10e3/mcL	[0.70-3.80]
Mono # Auto	0.95 <sup>1</sup>	0.96 <sup>1</sup>	0.83 <sup>1</sup>	1.10 <sup>1</sup>	x10e3/mcL	[0.10-1.10]
Eos # Auto	0.61 <sup>1</sup>	0.72 <sup>1</sup>	0.70 <sup>1</sup>	0.57 <sup>1</sup>	x10e3/mcL	[0.00-0.40]
Baso # Auto	0.08 <sup>1</sup>	0.10 <sup>1</sup>	0.09 <sup>1</sup>	0.11 <sup>1</sup>	x10e3/mcL	[0.00-0.10]
Immature Grans # Auto	0.03 <sup>1</sup>	0.03 <sup>1</sup>	0.04 <sup>1</sup>	0.03 <sup>1</sup>	x10e3/mcL	[0.00-0.07]

## Order Comments

O1: CBC with Diff  
While on Heparin Infusion

## Interpretive Data

i1: Immature Grans %

"Immature Grans" represents an automated measurement of metamyelocytes, myelocytes and promyelocytes. Bands are considered mature granulocytes by the Sysmex analyzer and are included in the automated neutrophil count.

## Performing Locations

\*1: This test was performed at:  
SHM Lab, Medical Director: Nicole Hubbard, MD, Summerlin Medical Center Laboratory, 657 Town Center Drive,  
Las Vegas, NV, 89144-6367

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

## Coagulation

## General Coagulation

Collected Date	5/28/2019	5/29/2019	5/30/2019	5/30/2019		
Collected Time	15:16 PDT	23:26 PDT	03:51 PDT	05:43 PDT		
Procedure					Units	Reference Range
PT	10.9 <sup>11</sup>	-	10.9 <sup>11</sup>	-	Seconds	[9.5-12.0]
INR	1.0 <sup>11</sup>	-	1.0 <sup>11</sup>	-		[0.9-1.1]
PTT	30 <sup>12</sup>	32 <sup>01 12</sup>	34 <sup>11 12</sup>	64 <sup>11 02 12</sup>	Seconds	[22-32]

## Order Comments

- O1: PTT  
 every 6 hours or 6 hours after each change, until 2 consecutive therapeutic PTT's, then daily if therapeutic
- O2: PTT  
 every 6 hours or 6 hours after each change, until 2 consecutive therapeutic PTT's, then daily if therapeutic

## Interpretive Data

- i1: INR  
 Optimal therapeutic INR Range:  
 For patients treated with Vitamin K Antagonists (VKA) a therapeutic range of 2.0 - 3.0 (Target INR 2.5) is recommended.  
 For therapeutic range in high risk groups and other dosing recommendations see CHEST 2012; 141 (2) (Suppl 1):7s-47s.
- i2: PTT  
 An aPTT value of between 43 - 68 seconds correlates to the heparin therapeutic range of 0.3 - 0.7 IU/mL.  
 If no coagulation detected, the result may be due to heparin effect. Clinical correlation is recommended.

## Performing Locations

- \*1: This test was performed at:  
 SHM Lab, Medical Director: Nicole Hubbard, MD, Summerlin Medical Center Laboratory, 657 Town Center Drive, Las Vegas, NV, 89144-6367

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019

Disch: 6/4/2019

FIN: SHM0000016256695

## Chemistry

## General Chemistry

Procedure	Collected Date Collected Time	5/29/2019 15:18 PDT	5/28/2019 16:15 PDT	Units	Reference Range
Sodium		135 <sup>L</sup>	-	mmol/L	[136-145]
Potassium		4.6 <sup>H</sup>	-	mmol/L	[3.5-5.1]
Chloride		105 <sup>H</sup>	-	mmol/L	[98-107]
CO2		25 <sup>H</sup>	-	mmol/L	[21-32]
Anion Gap		5 <sup>H</sup>	-	mmol/L	[5-17]
Glucose Level		79 <sup>H</sup>	-	mg/dL	[74-106]
BUN		17 <sup>H</sup>	-	mg/dL	[7-18]
Creatinine		1.180 <sup>H</sup>	-	mg/dL	[0.700-1.300]
BUN/Creat Ratio		14 <sup>H</sup>	-		[6-22]
Calcium		9.2 <sup>H</sup>	-	mg/dL	[8.5-10.1]
Mg Lvl		2.5 <sup>H</sup>	-	mg/dL	[1.8-2.4]
Estimated Creatinine Clearance		-	71.79	mL/min	
eGFR Non-African American		67 <sup>H</sup>	-	mL/min/1.73m2	[>=60]
eGFR African American		78 <sup>H</sup>	-	mL/min/1.73m2	[>=60]
eGFR Pediatric		Not Reported <sup>R1</sup>	-	mL/min/1.73m2	[>=75]
Calc Osmo		271 <sup>L</sup>	-	mOsm/kg	[275-295]

## Result Comments

R1: eGFR Pediatric

Not reported for adult patients ( &gt; 18 years old ).

Procedure	Collected Date Collected Time	5/30/2019 03:51 PDT	5/30/2019 03:51 PDT	Units	Reference Range
Sodium		139	139	mmol/L	[136-145]
Potassium		4.0	4.0	mmol/L	[3.5-5.1]
Chloride		109 <sup>H</sup>	109 <sup>H</sup>	mmol/L	[98-107]
CO2		23	23	mmol/L	[21-32]
Anion Gap		7	7	mmol/L	[5-17]
Glucose Level		112 <sup>H</sup>	112 <sup>H</sup>	mg/dL	[74-106]
BUN		17	17	mg/dL	[7-18]
Creatinine		1.090 <sup>H</sup>	1.090 <sup>H</sup>	mg/dL	[0.700-1.300]
BUN/Creat Ratio		16	16		[6-22]
Calcium		8.6	8.6	mg/dL	[8.5-10.1]
Albumin Level		3.3 <sup>L</sup>	3.3 <sup>L</sup>	gm/dL	[3.4-5.0]
TP		6.7	6.7	gm/dL	[6.4-8.2]
A/G Ratio		1.0	1.0		[0.8-2.0]
T Bill		0.3	0.3	mg/dL	[0.2-1.0]
Alk Phos		67 <sup>H</sup>	67 <sup>H</sup>	units/L	[46-116]
AST		42 <sup>H</sup>	42 <sup>H</sup>	units/L	[15-37]
ALT		47 <sup>H</sup>	47 <sup>H</sup>	units/L	[16-61]

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

## Chemistry

## General Chemistry

Procedure	Collected Date 5/30/2019 Collected Time 03:51 PDT	5/30/2019 03:51 PDT	Units	Reference Range
eGFR Non-African American	74 <sup>u1</sup>	74 <sup>u1</sup>	mL/min/1.73m2	[>=60]
eGFR African American	86 <sup>u1</sup>	86 <sup>u1</sup>	mL/min/1.73m2	[>=60]
eGFR Pediatric	Not Reported <sup>R1 u1</sup>	Not Reported <sup>R1 u1</sup>	mL/min/1.73m2	[>=75]
Calc Osmo	280	280	mOsmol/kg	[275-295]

## Result Comments

R1: eGFR Pediatric  
 Not reported for adult patients ( > 18 years old ).

Procedure	Collected Date 5/30/2019 Collected Time 03:51 PDT	5/30/2019 03:51 PDT	5/30/2019 05:10 PDT	Units	Reference Range
Albumin Level	3.3 <sup>L</sup>	3.3 <sup>L</sup>	-	gm/dL	[3.4-5.0]
TP	6.7	6.7	-	gm/dL	[6.4-8.2]
A/G Ratio	1.0	1.0	-		[0.8-2.0]
T Bili	0.3	0.3	-	mg/dL	[0.2-1.0]
D Bili	<0.10	<0.10	-	mg/dL	[0.00-0.20]
Alk Phos	67 <sup>B</sup>	67 <sup>B</sup>	-	units/L	[48-116]
AST	42 <sup>H11</sup>	42 <sup>H11</sup>	-	units/L	[15-37]
ALT	47 <sup>11</sup>	47 <sup>11</sup>	-	units/L	[16-61]
Estimated Creatinine Clearance	-	-	77.72	mL/min	

Procedure	Collected Date 5/30/2019 Collected Time 05:43 PDT	5/31/2019 04:15 PDT	Units	Reference Range
Sodium	-	138	mmol/L	[136-145]
Potassium	-	4.0	mmol/L	[3.5-5.1]
Chloride	-	109 <sup>11</sup>	mmol/L	[98-107]
CO2	-	23	mmol/L	[21-32]
Anion Gap	-	6	mmol/L	[5-17]
Glucose Level	-	101 <sup>11</sup>	mg/dL	[74-106]
BUN	-	13	mg/dL	[7-18]
Creatinine	-	1.030 <sup>12</sup>	mg/dL	[0.700-1.300]
BUN/Creat Ratio	-	13		[6-22]
Calcium	-	8.6	mg/dL	[8.5-10.1]
eGFR Non-African American	-	79 <sup>u1</sup>	mL/min/1.73m2	[>=60]
eGFR African American	-	92 <sup>u1</sup>	mL/min/1.73m2	[>=60]
eGFR Pediatric	-	Not Reported <sup>R1 u1</sup>	mL/min/1.73m2	[>=75]
Calc Osmo	-	276	mOsmol/kg	[275-295]
Hgb A1C	5.6 <sup>15-2</sup>	-	%	[4.5-6.2]

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

## Chemistry

## General Chemistry

## Result Comments

R1: eGFR Pediatric

Not reported for adult patients ( &gt; 18 years old ).

Procedure	Collected Date 5/31/2019 Collected Time 05:15 PDT	6/1/2019 08:45 PDT	Units	Reference Range
Sodium	-	135 <sup>L*</sup>	mmol/L	[136-145]
Potassium	-	4.1 <sup>**</sup>	mmol/L	[3.5-5.1]
Chloride	-	107 <sup>**</sup>	mmol/L	[98-107]
CO2	-	23 <sup>**</sup>	mmol/L	[21-32]
Anion Gap	-	5 <sup>**</sup>	mmol/L	[5-17]
Glucose Level	-	93 <sup>II**</sup>	mg/dL	[74-106]
BUN	-	10 <sup>**</sup>	mg/dL	[7-18]
Creatinine	-	1.040 <sup>II**</sup>	mg/dL	[0.700-1.300]
BUN/Creat Ratio	-	10 <sup>**</sup>		[6-22]
Calcium	-	9.5 <sup>**</sup>	mg/dL	[8.5-10.1]
Estimated Creatinine Clearance	82.25	-	mL/min	
eGFR Non-African American	-	78 <sup>II**</sup>	mL/min/1.73m2	[>=60]
eGFR African American	-	91 <sup>**</sup>	mL/min/1.73m2	[>=60]
eGFR Pediatric	-	Not Reported <sup>R1**</sup>	mL/min/1.73m2	[>=75]
Calc Osmo	-	269 <sup>L**</sup>	mOsm/kg	[275-295]

## Result Comments

R1: eGFR Pediatric

Not reported for adult patients ( &gt; 18 years old ).

Procedure	Collected Date 5/1/2019 Collected Time 07:03 PDT	5/2/2019 08:21 PDT	5/2/2019 06:50 PDT	Units	Reference Range
Sodium	-	135 <sup>L*</sup>	-	mmol/L	[136-145]
Potassium	-	4.0 <sup>**</sup>	-	mmol/L	[3.5-5.1]
Chloride	-	106 <sup>**</sup>	-	mmol/L	[98-107]
CO2	-	25 <sup>**</sup>	-	mmol/L	[21-32]
Anion Gap	-	4 <sup>L**</sup>	-	mmol/L	[5-17]
Glucose Level	-	93 <sup>II**</sup>	-	mg/dL	[74-106]
BUN	-	12 <sup>**</sup>	-	mg/dL	[7-18]
Creatinine	-	1.050 <sup>II**</sup>	-	mg/dL	[0.700-1.300]
BUN/Creat Ratio	-	11 <sup>**</sup>	-		[6-22]
Calcium	-	9.0 <sup>**</sup>	-	mg/dL	[8.5-10.1]
Estimated Creatinine Clearance	81.45	-	80.68	mL/min	
eGFR Non-African American	-	77 <sup>II**</sup>	-	mL/min/1.73m2	[>=60]
eGFR African American	-	90 <sup>**</sup>	-	mL/min/1.73m2	[>=60]
eGFR Pediatric	-	Not Reported <sup>R1**</sup>	-	mL/min/1.73m2	[>=75]
Calc Osmo	-	270 <sup>L**</sup>	-	mOsm/kg	[275-295]

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CCMSI - LVN/PT

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

## Chemistry

## General Chemistry

## Result Comments

R1: eGFR Pediatric

Not reported for adult patients (&gt; 18 years old).

Procedure	Collected Date Collected Time	6/3/2019 04:10 PDT	6/3/2019 06:05 PDT	Units	Reference Range
Sodium		134 <sup>L</sup>	-	mmol/L	[136-145]
Potassium		4.1 <sup>U</sup>	-	mmol/L	[3.5-5.1]
Chloride		106 <sup>U</sup>	-	mmol/L	[98-107]
CO2		23 <sup>U</sup>	-	mmol/L	[21-32]
Anion Gap		5 <sup>U</sup>	-	mmol/L	[5-17]
Glucose Level		84 <sup>U</sup>	-	mg/dL	[74-106]
BUN		12 <sup>U</sup>	-	mg/dL	[7-18]
Creatinine		1.070 <sup>U</sup>	-	mg/dL	[0.700-1.300]
BUN/Creat Ratio		11 <sup>U</sup>	-		[6-22]
Calcium		9.0 <sup>U</sup>	-	mg/dL	[8.5-10.1]
Estimated Creatinine Clearance		-	79.17	mL/min	
eGFR Non-African American		76 <sup>U</sup>	-	mL/min/1.73m2	[>=60]
eGFR African American		88 <sup>U</sup>	-	mL/min/1.73m2	[>=60]
eGFR Pediatric		Not Reported <sup>R1</sup>	-	mL/min/1.73m2	[>=75]
Calc Osmo		267 <sup>L</sup>	-	mOsmol/kg	[275-285]

## Result Comments

R1: eGFR Pediatric

Not reported for adult patients (&gt; 18 years old).

Procedure	Collected Date Collected Time	6/4/2019 04:36 PDT	6/4/2019 05:00 PDT	Units	Reference Range
Sodium		137	-	mmol/L	[136-145]
Potassium		4.1	-	mmol/L	[3.5-5.1]
Chloride		107	-	mmol/L	[98-107]
CO2		23	-	mmol/L	[21-32]
Anion Gap		7	-	mmol/L	[5-17]
Glucose Level		87 <sup>U</sup>	-	mg/dL	[74-106]
BUN		10	-	mg/dL	[7-18]
Creatinine		1.030 <sup>U</sup>	-	mg/dL	[0.700-1.300]
BUN/Creat Ratio		10	-		[6-22]
Calcium		8.7	-	mg/dL	[8.5-10.1]
Estimated Creatinine Clearance		-	82.25	mL/min	
eGFR Non-African American		79 <sup>U</sup>	-	mL/min/1.73m2	[>=60]
eGFR African American		92 <sup>U</sup>	-	mL/min/1.73m2	[>=60]
eGFR Pediatric		Not Reported <sup>R1</sup>	-	mL/min/1.73m2	[>=75]
Calc Osmo		272 <sup>L</sup>	-	mOsmol/kg	[275-295]

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Medical Record

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 CCMSI ~ LVMPD

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

## Chemistry

## General Chemistry

## Result Comments

R1: eGFR Pediatric  
 Not reported for adult patients (> 18 years old).

## Interpretive Data

- i1: ALT, AST, Glucose Level  
 Sample collection should occur prior to sulfasalazine administration due to the potential for falsely depressed results.
- i2: Creatinine  
 Where applicable, the pediatric reference ranges are based on the Canadian Laboratory Initiative on Paediatric Reference Intervals Database and have not been independently verified by the laboratory.
- i3: Alk Phos  
 Normal Alkaline Phosphatase results vary greatly by age and sex. Levels are generally higher in children and adolescents due to physiologic osteoblastic activity. Levels are also higher in pregnancy due to placentally derived alkaline phosphatase. Normal levels can also be up to 50% higher in women after age 40. Clinical correlation is needed.
- i4: eGFR Non-African American  
 The eGFR CKD-EPI calculation is not recommended for use in patients < 18 years of age, or in individuals with unstable creatinine concentrations (e.g. pregnancy, acute renal failure, serious co-morbid conditions, malnutrition, neuromuscular diseases, etc.) or in patients with extremes of muscle mass (frail, bodybuilders, obese).
- eGFR reference range:  $\geq 60$  mL/min/1.73m<sup>2</sup>
- i5: Hgb A1C  
 "Any cause of shortened red cell survival will reduce the exposure of red cells to glucose with a consequent decrease in HbA1c values, e.g. hemolytic anemia or other hemolytic diseases, pregnancy, recent significant blood loss, etc. Results of HbA1c are not reliable in patients with chronic blood loss and consequent variable erythrocyte lifespan."

## Cardiac

Collected Date	5/29/2019	5/29/2019	5/29/2019	5/29/2019		
Collected Time	15:18 PDT	18:14 PDT	21:48 PDT	23:26 PDT		
Procedure					Units	Reference Range
Troponin I	16.520 CR2 I6 *1	17.550 CR3 I6 *1	17.380 CR4 I6	17.410 CR5 I6 *1	ng/mL	[0.000-0.045]

## Result Comments

- R2: Troponin I  
 Critical result called by harriet endaya on 16:21:18 05/29/2019 read back by rn preet kaur.
- R3: Troponin I  
 Critical result called by Dave Ceniza on 20:04:17 05/29/2019 read back by RN Matt Aborjas
- R4: Troponin I  
 Critical result called by Dave Ceniza on 22:40:03 05/29/2019 read back by RN Barnes
- R5: Troponin I  
 Critical result called by Dave Ceniza on 00:47:04 05/30/2019 read back by RN Kenny Hwang

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
MRN: SHM4951015  
DOB/Sex: 1/13/1960 / Male  
Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
Disch: 6/4/2019  
FIN: SHM0000016256695

**Imaging**

PROCEDURE  
CT Head or Brain w/o Contrast

EXAM DATE/TIME  
5/30/2019 10:10 PDT

**Report**

CT BRAIN WITHOUT CONTRAST

HISTORY: Altered Awareness

COMPARISON: None.

TECHNIQUE: Thin section axial CT images were obtained from the vertex of the skull to the foramen magnum without contrast. In accordance with CT protocols and the ALARA principle, radiation dose reduction techniques were utilized for this examination. All images were reviewed and interpreted.

CONTRAST: None.

**FINDINGS:**

The patient has had previous IV contrast and the study is basically a contrast-enhanced head CT.

This significantly limits evaluation for subtle hemorrhage.

Normal cerebral hemispheres. Normal cerebellum and brainstem. No hydrocephalus. Normal ventricles, sulci, and basilar cisterns. No intracranial hemorrhage. No intracranial edema. No mass effect. There is opacification of multiple ethmoid air cells. Mucous retention cyst is seen within the left maxillary sinus. Normal calvarium and skull base. No hypodense or hyperdense intracranial lesions. No evidence of acute infarct, mass, hemorrhage.

**IMPRESSION:**

Normal CT of the brain without contrast.

Chronic sinusitis

Critical value was reported to the patient's nurse, Brittany by Steven Topham on 5/30/2019 10:22 AM PDT.

Dictated By: STEVEN TOPHAM MD

Print Date/Time 6/11/2019 13:17 PDT

Medical Record

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JUN 12 2019  
CCMSI ~ LVMPD

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
MRN: SHM4951015  
DOB/Sex: 1/13/1960 / Male  
Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
Disch: 6/4/2019  
FIN: SHM0000016256695

**Imaging****Report**

\*\*\*\*\* Final \*\*\*\*\*

Dictated by: Topham MD, Steven L      Dictated DT/TM: 05/30/2019 10:28 am  
Transcribed By: SLT Transcribed by: SLT      Transcribed DT/TM: 05/30/19 10:25:51  
Electronically Signed by: Topham MD, Steven L      Signed DT/TM: 05/30/2019 10:28 am

**PROCEDURE**

CT Angio Head/Neck w/Contr Incl w/o Imag

**EXAM DATE/TIME**

5/31/2019 12:02 PDT

**Report**

CTA HEAD AND NECK WITH CONTRAST

HISTORY: Arterial Disease

COMPARISON: None.

TECHNIQUE: Initially, thin section noncontrast images through portions of the aortic arch were obtained for the purpose of establishing proper bolus timing of contrast. Subsequently, thin section axial CT images were obtained from the aortic arch to the mid calvarium following administration of nonionic iodinated contrast. To optimally assess the intracranial and neck vasculature, the original axial data was used to create 3D volume-rendered, multiplanar reformatted and/or maximum intensity projection images in various planes. The axial and reformatted data were reviewed for this report. In accordance with CT protocols and the ALARA principal, radiation dose reduction techniques were utilized for this examination. Stenoses are reported as diameter stenoses. Internal carotid stenoses are determined by comparing to the normal, more distal internal carotid as per NASCET criteria.

CONTRAST: 100 ml Isovue 370 intravenously from a single use vial. 0 mL discarded.

**FINDINGS:**

Normal aortic arch.

The right innominate artery, subclavian artery, vertebral artery, common carotid artery, internal carotid artery and external carotid artery are patent without plaque or stenosis. The left common carotid artery, internal carotid artery, external carotid artery, vertebral artery, and subclavian artery are patent without plaque or stenosis. No plaque or stenosis in

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CCMSI ~ LVMPD

SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
MRN: SHM4951015  
DOB/Sex: 1/13/1960 / Male  
Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
Disch: 6/4/2019  
FIN: SHM0000016256695

**Imaging****Report**

either  
carotid bifurcation.

Intracranially the intracranial internal carotid arteries are unremarkable. These branch normally into the anterior and middle cerebral arteries. The right A1 segment is somewhat hypoplastic. The anterior cerebral arteries are within normal limits. The left middle cerebral artery is unremarkable. There is mild irregularity at several right M2 branches however there is not definite occlusion. No aneurysms are seen.

The vertebrobasilar system is unremarkable. Both posterior cerebral arteries are visualized. There is a patent right posterior communicating artery.

Nonvascular: Mucoperiosteal thickening is seen throughout the ethmoid air cells as well as the left maxillary sinus.

Limited images through the neck are within normal limits.

The lung apices are within normal limits.

**IMPRESSION:**

1. Unremarkable CTA of the neck
2. Mild irregularity of several M2 branches on the right without occlusion
3. Chronic sinusitis

Dictated By: STEVEN TOPHAM MD

\*\*\*\* Final \*\*\*\*

Dictated by: Topham MD, Steven L  
Transcribed By: SLT Transcribed by: SLT  
Electronically Signed by: Topham MD, Steven L

Dictated DT/TM: 05/31/2019 2:14 pm  
Transcribed DT/TM: 05/31/19 14:12:13  
Signed DT/TM: 05/31/2019 2:14 pm

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CCMSI ~ LVMPD

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
MRN: SHM4951015  
DOB/Sex: 1/13/1960 / Male  
Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
Disch: 6/4/2019  
FIN: SHM0000016256695

**Imaging**

PROCEDURE  
XR Chest 1 View Frontal

EXAM DATE/TIME  
5/29/2019 15:18 PDT

**Report**  
XR CHEST 1 VIEW

TECHNIQUE: Chest, 1 view.

HISTORY: Chest Pain

COMPARISON: None.

FINDINGS:  
Bilateral interstitial prominence.  
No focal consolidation, effusion or pneumothorax.  
Cardiac silhouette normal.  
Normal mediastinal contour.  
Osseous structures unremarkable.

Visualized upper abdomen is unremarkable.

IMPRESSION:

Prominent interstitial markings concerning for COPD and/or pulmonary vascular congestion.

Dictated By: SUKHJINDER SINGH MD

\*\*\*\* Final \*\*\*\*

Dictated by: Singh MD, Sukhjinder  
Transcribed By: SPSTranscribed by: SPS  
Electronically Signed by: Singh MD, Sukhjinder P

Dictated DT/TM: 05/29/2019 3:30 pm  
Transcribed DT/TM: 05/29/19 15:28:51  
Signed DT/TM: 05/29/2019 3:30 pm

PROCEDURE  
XR Tibia/Fibula Right

EXAM DATE/TIME  
6/2/2019 22:31 PDT

**Report**  
XR TIBIA FIBULA

HISTORY: Pain - injury

COMPARISON: None.

TECHNIQUE: Right tibia and fibula, 2 views.

FINDINGS:

Bone architecture is normal. No acute fracture or dislocation. No suspicious osseous lesions or soft tissue abnormality. Provided views of the right ankle and right knee demonstrate no acute

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CCMSI ~ LVMPD

## SHM- Summerrin Hospital Medical Center

Patient: HOLLAND, ROBERT  
MRN: SHM4951015  
DOB/Sex: 1/13/1960 / Male  
Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
Disch: 6/4/2019  
FIN: SHM0000016256695

**Imaging****Report**

abnormalities. There is some mild medial compartment arthritis of the right knee. There is mild calcaneal spurring.

**IMPRESSION:**

No acute fracture of the right tibia or fibula.

Report generated with voice recognition software. Effort has been made to ensure accuracy of this report, however occasional wording errors may persist. Please call with any questions.

Dictated By: DOUGLAS LARSON MD

\*\*\*\* Final \*\*\*\*

Dictated by: Larson MD, Douglas G  
Transcribed By: DGL  
Electronically Signed by: Larson MD, Douglas G

Dictated DT/TM: 06/02/2019 11:08 pm  
Transcribed DT/TM: 06/02/19 23:06:20  
Signed DT/TM: 06/02/2019 11:08 pm

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CCMSI - LVMPD

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

<b>Discharge Summary</b>
--------------------------

DOCUMENT NAME:	Discharge Summary
SERVICE DATE/TIME:	6/4/2019 09:38 PDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Mojica, Wendy D DO (6/4/2019 09:41 PDT)
SIGN INFORMATION:	Mojica, Wendy D DO (6/9/2019 14:26 PDT)

**Patient Information**

Attending Physician: Awaji, Obinna N MD  
 Diagnosis: NSTEMI  
 Discharge Location: SHM PCU  
 Primary Care Physician: No, Pcp No MD  
 Admit Date/Time: 05/29/19 18:21

**Discharge Diagnosis**

Chest pain (R07.9)  
 Chronic GERD (K21.9)  
 Emphysema/COPD (J43.9)  
 Hypertension (I10)  
 Hypothyroidism (E03.9)  
 Non-ST elevation MI (NSTEMI) (I21.4)  
 OSA (obstructive sleep apnea) (G47.33)  
 Ocular migraine (G43.109)

**Discharge Medications**

aspirin (aspirin 81 mg oral tablet, chewable) 81 Milligram 1 Tabs By Mouth Daily  
 atorvastatin (atorvastatin 20 mg oral tablet) 40 Milligram 2 Tabs By Mouth at Bedtime  
 carvedilol (carvedilol 3.125 mg oral tablet) 3.125 Milligram 1 Tabs By Mouth 2 Times a Day With Meals for 30 Days  
 diethylpropion (diethylpropion 75 mg oral tablet, extended release) 75 Milligram 1 Tabs By Mouth Daily  
 fluticasone-salmeterol (Advair Diskus 100 mcg-50 mcg Inhalation powder) 1 Puffs Inhalation 2 Times a Day  
 icosapent (Vascepa 1 g oral capsule) 2 Gram 2 Capsules By Mouth 2 Times a Day for 30 Days  
 lansoprazole (Prevacid 15 mg oral delayed release capsule) 15 Milligram 1 Capsules By Mouth Daily  
 lisinopril (lisinopril 10 mg oral tablet) 10 Milligram 1 Tabs By Mouth Daily  
 thyroid desiccated (Armour Thyroid 60 mg oral tablet) 60 Milligram 1 Tabs By Mouth Daily  
 ticagrelor (ticagrelor 90 mg oral tablet) 90 Milligram 1 Tabs By Mouth 2 Times a Day

**Follow-Up/Discharge Instructions****Follow-up**

Wattoo, Dost M MD,  
 Follow up with primary care provider, - Patient to follow up with his primary cardiologist .Dr. Wattoo.  
 wato,

**Education**

CHEST PAIN, Uncertain Cause  
 Cardiac Catheterization-revised (Custom)  
 Cardiac Rehabilitation  
 Cardiac Rehabilitation Summerlin Hospital (Custom) (Custom)  
 Carvedilol tablets

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

<b>Discharge Summary</b>
--------------------------

Computed Tomography Angiography (CTA)  
 Coronary Stents  
 Electrocardiogram (ECG)  
 HEART DISEASE EDUCATION  
 Handwashing: Tips for Patients, Family, and Friends  
 Heart Attack  
 SLEEP APNEA, Obstructive (Adult)  
 Step-by-Step: Using a Hand Sanitizer  
 Ticagrelor oral tablet

**Post Discharge Care**

Diet: Cardiac  
 Activity: Up Ad Lib

**Pending Results**

Auto Diff ordered on 06/04/2019  
 Basic Metabolic Panel ordered on 05/31/2019  
 CBC with Diff ordered on 05/31/2019  
 CL Cath Lab Order ordered on 06/03/2019  
 EC EKG ordered on 06/03/2019  
 EC EKG ordered on 06/04/2019

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**Results****Discharge Labs**

Cardiac

Troponin I	17.090 ng/mL (Critical)	05/30/2019 03:51			
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**General Chemistry**

Sodium	137 mmol/L	06/04/2019 04:38	Potassium	4.1 mmol/L	06/04/2019 04:38
Chloride	107 mmol/L	06/04/2019 04:38	CO2	23 mmol/L	06/04/2019 04:38
Anion Gap	7 mmol/L	06/04/2019 04:38	Glucose Level	87 mg/dL	06/04/2019 04:38
BUN	10 mg/dL	06/04/2019 04:38	Creatinine	1.030 mg/dL	06/04/2019 04:38
BUN/Creat Ratio	10	06/04/2019 04:38	Calcium	8.7 mg/dL	06/04/2019 04:38
Albumin, Level	3.3 gm/dL (Low)	05/30/2019 03:51	TP	8.7 gm/dL	05/30/2019 03:51
A/G Ratio	1.0	05/30/2019 03:51	T Bili	0.3 mg/dL	05/30/2019 03:51
D Bili	<0.10 mg/dL	05/30/2019 03:51	Alk Phos	67 units/L	05/30/2019 03:51
AST	42 units/L (High)	05/30/2019 03:51	ALT	47 units/L	05/30/2019 03:51
Mg Lvl	2.5 mg/dL (High)	05/29/2019 15:18	Estimated Creatinine Clearance	82.25 mL/min	06/04/2019 06:00
eGFR Non-African American	79 mL/min/1.73m2	06/04/2019 04:38	eGFR African American	92 mL/min/1.73m2	06/04/2019 04:38
eGFR Pediatric	Not Reported mL/min/1.73m2	06/04/2019 04:38	Calc Osmo	272 mOsmol/kg (Low)	06/04/2019 04:38
Hgb A1C	5.6 %	05/30/2019 05:43			

**General Coagulation**

PT	10.9 Seconds	05/30/2019 03:51	INR	1.0	05/30/2019 03:51
PTT	64 Seconds (High)	05/30/2019 05:43			

**General Hematology**

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

**Discharge Summary**

WBC	11.78 x10e3/mcL	06/04/2019 04:38	RBC	6.23 x10e6/mcL (High)	06/04/2019 04:38
Hgb	17.0 gm/dL	06/04/2019 04:38	Hct	53.7 % (High)	06/04/2019 04:38
MCV	86.2 Femtoliters	06/04/2019 04:38	MCH	27.3 pg	06/04/2019 04:38
MCHC	31.7 gm/dL	06/04/2019 04:38	RDW-CV	17.2 % (High)	06/04/2019 04:38
RDW-SD	49.2 Femtoliters	06/04/2019 04:38	Plt	312 x10e3/mcL	06/04/2019 04:38
MPV	9.7 Femtoliters	06/04/2019 04:38	Neut % Auto	66.2 %	06/04/2019 04:38
Lymph % Auto	18.5 %	06/04/2019 04:38	Mono % Auto	9.3 %	06/04/2019 04:38
Eos % Auto	4.8 %	06/04/2019 04:38	Baso % Auto	0.9 %	06/04/2019 04:38
Immature Grans %	0.3 %	06/04/2019 04:38	Neut # Auto	7.79 x10e3/mcL	06/04/2019 04:38
Lymph # Auto	2.18 x10e3/mcL	06/04/2019 04:38	Mono # Auto	1.10 x10e3/mcL	06/04/2019 04:38
Eos # Auto	0.57 x10e3/mcL (High)	06/04/2019 04:38	Baso # Auto	0.11 x10e3/mcL (High)	06/04/2019 04:38
Immature Grans # Auto	0.03 x10e3/mcL	06/04/2019 04:38			

**Lipids**

Cholesterol	132 mg/dL	05/30/2019 05:43	Trig	348 mg/dL	05/30/2019 05:43
HDL	25 mg/dL (Low)	05/30/2019 05:43	LDL Direct	86 mg/dL	05/30/2019 05:43
Chol/HDL Risk	5	05/30/2019 05:43	VLDL Chol Calc	00000070 mg/dL	05/30/2019 05:43

**Image(s)**

CT Angio Head/Neck w/Contr Incl w/o Imag 05/31/2019 12:02 by Topham MD, Steven L

1. Unremarkable CTA of the neck
2. Mild irregularity of several M2 branches on the right without occlusion
3. Chronic sinusitis

CT Head or Brain w/o Contrast 05/30/2019 10:10 by Topham MD, Steven L

**IMPRESSION:**

Normal CT of the brain without contrast

Chronic sinusitis

XR Chest 1 View Frontal 05/29/2019 15:18 by Singh MD, Sukhjinder P

**IMPRESSION:**

Prominent interstitial markings concerning for COPD and/or pulmonary vascular congestion.

XR Tibia/Fibula Right 06/02/2019 22:31 by Larson MD, Douglas G

**IMPRESSION:**

No acute fracture of the right tibia or fibula.

Report generated with voice recognition software. Effort has been made to ensure accuracy of this report, however occasional wording errors may persist. Please call with any questions.

Echo 05/30/2019 06:54 by Chaudhry, Khalid A MD

Print Date/Time 6/11/2019 13:17 PDT

Medical Record

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CCMSI ~ LVMPD

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

<b>Discharge Summary</b>
--------------------------

**CONCLUSION:**

Normal left ventricular size and systolic function.  
 Normal left atrial, right atrial, and right ventricular dimensions.  
 No significant valvular regurgitation

**Objective**

<u>Vital Signs (24 hrs)</u>	<u>Last Charted</u>	<u>Minimum</u>	<u>Maximum</u>
Temp	36.6 06/04/2019 06:29	36.5 06/03/2019 11:32	36.5 06/03/2019 11:32
Heart Rate Monitored	78 06/04/2019 07:15	77 06/04/2019 07:06	91 06/03/2019 19:02
Resp Rate	19 06/04/2019 07:15	16 06/04/2019 06:30	H 21 06/03/2019 19:02
SBP	H 153 06/04/2019 06:29	128 06/04/2019 03:50	H 157 06/03/2019 18:40
DBP	86 06/04/2019 06:29	63 06/03/2019 23:34	86 06/04/2019 06:29
MAP	102 06/04/2019 06:29	77 06/03/2019 23:34	102 06/04/2019 06:29
SpO2	98 06/04/2019 07:15	95 06/03/2019 18:41	99 06/03/2019 11:33
O2 Therapy	Room air	Room air	Nasal cannula

**General:** AAOx3, in no acute cardiopulmonary distress, normal affect.

**Head:** Normocephalic, atraumatic.

**Eyes:** Pupils are equal, round and reactive to light. Extraocular muscles intact.

**Ear, Nose and Throat:** Oropharynx clear, mucous membranes moist.

**Neck:** Supple, Full range of motion.

**Respiratory:** Clear to auscultation and percussion. No wheezing, rales or rhonchi.

**Cardiovascular:** Heart sounds normal. No thrills. Regular rate and rhythm, no murmurs, rubs or gallops.

**Gastrointestinal:** Abdomen soft, NT/ND, no palpable masses.

**Neurologic:** No focal neurological deficits.

**Skin:** No rashes or lesions. No petechiae or purpura. No edema. right wrist compression device noted

**Musculoskeletal:** No cyanosis or clubbing. No gross deformities. Normal range of motion.

**Hospital Course**

59yo M with PMHx of hypothyroidism, HTN, GERD, and COPD was admitted for NSTEMI. Cardiology was consulted and performed cath with PCI/DES to LCx and PDA. Patient was also noted to have significant disease involving LAD but no intervention was performed at that time (5/30). After procedure was completed, Code WHITE was called as patient began having left visual changes while talking to Cardiology. Neurology was consulted and stat CT head was unremarkable. CTA head/neck is currently pending (f/u results). Neurology obtained further history in which patient has been having these episodes of left eye visual disturbance with associated headaches. Neurology diagnosed him with ophthalmic migraines. f/u with Neurology recs after CTA head/neck results are available. Patient is pending repeat cath for possible PCI/DES placement of LAD on 6/3.

Discussed with patient he likely should stop the testosterone since it may be causing erythrocytosis and could have precipitated his heart disease. Patient discharged on all appropriate medications post NSTEMI. Patient anxious to get home but also wants to prevent this from happening again, discussed that vacepa plus all of his other medications may be able to prevent this from occurring. On 6/3/19 patient had Successful PCI of LAD and diagonal and noted to have patent stents in the left circumflex.

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JUN 12 2019

CCMSI ~ LVMPD

Electronically Signed By: Mojica, Wendy  
 On: 06.09.2019 14:26 PDT



June 13, 2019

ROBERT HOLLAND  
7409 Sand Pebble Ln  
Las Vegas, NV 89129

Claim No: 19D34F989694  
Injury Date: 05/26/2019  
Employer: LVMPD

Dear ROBERT HOLLAND

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

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

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

Enclosed you will find the form D-36, a relative treatment history form, and "Declaration of Medical Providers" form. Please sign, date, and return the forms to this office within ten (10) days of the date of this letter. Your signature on these forms acts as a release to acquire information related to your claim. NAC 616C.079 states in part, "an injured employee must sign all medical releases necessary for the insurer to obtain appropriate information and documentation to determine the nature and amount of benefits to which he is entitled. If the injured employee fails to do so, the insurer may withhold compensation from him."

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

Sincerely,

LISA KOEHLER  
CLAIM CONSULTANT  
702-477-7016

CC: File, LVMPD

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## Request for Additional Medical Information And Medical Release

(Pursuant to NRS 616C.177 & 616C.490(4))

Injured Employee's Name: ROBERT HOLLAND

Claim Number: 19D34F989694 Social Security Number: \_\_\_\_\_

Injured Employee's Address: 7409 Sand Pebble Ln Las Vegas, NV 89129

Injury/Occupational Disease Date: 05/26/2019 Date this Notice Printed: June 13, 2019

Insurer's Name: LVMPD Employer: LVMPD

Insurer's Address: 400B S MARTIN LUTHER KING Employer's Address: 400B S MARTIN LUTHER KING  
LAS VEGAS, NV 89106 LAS VEGAS, NV 89106

Please provide the information requested below, sign and date the form, and return it to your insurer. Your signature on this form also acts as a release to acquire information affecting your claim from other entities. This renews the release you signed on your C-4 form at the time your claim was submitted to your insurer. Failure to fully complete and return this form to your claims agent in a timely manner could affect your benefits or delay the resolution of your claim.

### Prior History Information

*Please check the appropriate box below and provide the information requested.*

- ☐ I have no prior conditions, injuries or disabilities of which I am aware, that might affect the disposition of the claim referenced above. (If you checked this box, no further information is needed at this point)
- ☐ I have a prior condition, injury or disability that could affect the disposition of the claim referenced above. This can include birth defects, prior surgeries, injuries, etc., whether work related or not. (If you checked this box, indicating a pre-existing condition, please explain in detail in the space below. Please attach additional sheets of paper to this form if necessary to fully explain the condition)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I certify that the above is true and correct 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 chapter 617 of NRS). I hereby authorize any physician, chiropractor, surgeon, practitioner, or other person, any hospital, including veterans administration or governmental hospital, any medical service organization, any insurance company, or other institution or organization to release to each other, any medical or other information, including benefits paid or payable, pertinent to this injury or disease, except information relative to diagnosis, treatment and/or counseling for aids, psychological conditions, alcohol or controlled substances, for which I must give specific authorization. A photostat of this authorization shall be as valid as the original.

Signature \_\_\_\_\_

Date \_\_\_\_\_

D-36 (Rev. 12/07)

Injured Worker Name ROBERT HOLLAND  
Claim Number 19D34F989694  
Page 2 of 4

LIST ALL PRIOR RELATIVE CLAIMS FILED FOR ACCIDENTS/INJURIES -- WHETHER INDUSTRIAL OR NON-INDUSTRIAL, WHICH YOU HAVE FILED THROUGHOUT YOUR LIFETIME.

Claim No: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
Employer: \_\_\_\_\_ Body Part(s) : \_\_\_\_\_  
☐ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ \_\_\_\_\_

\_\_\_\_\_  
Attending Physician's Name/Address for above-captioned injury

Claim No: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
Employer: \_\_\_\_\_ Body Part(s) : \_\_\_\_\_  
☐ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ \_\_\_\_\_

\_\_\_\_\_  
Attending Physician's Name/Address for above-captioned injury

Claim No: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
Employer: \_\_\_\_\_ Body Part(s) : \_\_\_\_\_  
☐ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ \_\_\_\_\_

\_\_\_\_\_  
Attending Physician's Name/Address for above-captioned injury

Claim No: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
Employer: \_\_\_\_\_ Body Part(s) : \_\_\_\_\_  
☐ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ \_\_\_\_\_

\_\_\_\_\_  
Attending Physician's Name/Address for above-captioned injury

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Injured Worker Name ROBERT HOLLAND  
Claim Number 19D34F989694  
Page 3 of 4

Have you ever filed a workers' compensation claim in this state or any other before?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, have you ever received a settlement or buyout for the claim?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the body part(s) and the amount of the settlement or buyout and the employer under whom the award was received.

---

---

---

Thank you for your cooperation.

\_\_\_\_\_  
(Injured Worker's Signature)

\_\_\_\_\_  
(Date)

Injured Worker Name ROBERT HOLLAND  
 Claim Number 19D34F989694  
 Page 4 of 4

## DECLARATION OF MEDICAL PROVIDERS

I, \_\_\_\_\_, have received treatment, had medication prescribed, or  
 Print Your Name  
 been evaluated by the following doctors, chiropractors, dentists or other practitioners during the last five (5)  
 years.

**List names and addresses and phone**

### Dates of Treatment

[illegible]

## Request for Additional Medical Information And Medical Release

(Pursuant to NRS 616C.177 & 616C.490(4))

Injured Employee's Name: ROBERT HOLLAND  
 Claim Number: 19D34F989694 Social Security Number: \_\_\_\_\_  
 Injured Employee's Address: 7409 Sand Pebble Ln Las Vegas, NV 89129  
 Injury/Occupational Disease Date: 05/26/2019 Date this Notice Printed: June 13, 2019  
 Insurer's Name: LVMPD Employer: LVMPD  
 Insurer's Address: 400B S MARTIN LUTHER KING Employer's Address: 400B S MARTIN LUTHER KING  
LAS VEGAS, NV 89106 LAS VEGAS, NV 89106

Please provide the information requested below, sign and date the form, and return it to your insurer. Your signature on this form also acts as a release to acquire information affecting your claim from other entities. This renews the release you signed on your C-4 form at the time your claim was submitted to your insurer. Failure to fully complete and return this form to your claims agent in a timely manner could affect your benefits or delay the resolution of your claim.

### Prior History Information

*Please check the appropriate box below and provide the information requested.*

- ☐ I have no prior conditions, injuries or disabilities of which I am aware, that might affect the disposition of the claim referenced above. (If you checked this box, no further information is needed at this point)
- ☒ I have a prior condition, injury or disability that could affect the disposition of the claim referenced above. This can include birth defects, prior surgeries, injuries, etc., whether work related or not. (If you checked this box, indicating a pre-existing condition, please explain in detail in the space below. Please attach additional sheets of paper to this form if necessary to fully explain the condition)

HIGH BLOOD PRESSURE DIAGNOSED IN 2015. CURRENTLY ON MEDICATION.

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 Act (NRS 616A to 616D, inclusive or chapter 617 of NRS). I hereby authorize any physician, chiropractor, surgeon, practitioner, or other person, my hospital, including veterans administration or governmental hospital, any medical service organization, any insurance company, or other institution or organization to release to each other any medical or other information, including benefits paid or payable, pertinent to the injury or disease, except information relative to diagnosis, treatment and/or counseling for aids, psychological conditions, alcohol or controlled substances, for which I must give specific authorization. A photostat of this authorization shall be as valid as the original.	
Signature <u>[Signature]</u>	Date <u>6/20/19</u>

D-36 (Rev. 12/07)

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Injured Worker Name ROBERT HOLLAND  
 Claim Number 19D34F989694  
 Page 4 of 4

## DECLARATION OF MEDICAL PROVIDERS

I, ROBERT HOLLAND, have received treatment, had medication prescribed, or  
 Print Your Name  
 been evaluated by the following doctors, chiropractors, dentists or other practitioners during the last five (5)  
 years.

List names and addresses and phone

Dates of Treatment

DR. D. WATTS  
700 SHADOW LANE  
L.V. NV 89106

5/28/19 - 6/4/19

DR. K. CHAUDHREY  
607 TOWN CENTER DR  
L.V. NV 89144

5/28/19 -  
6/4/19

DR. J. TYLER  
6930 S. CIMARRON RD #200  
L.V. NV 89133  
(NEW OFFICE EFF. 7/8/19)

9/18 - PRESENT

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Injured Worker Name ROBERT HOLLAND  
Claim Number 19D34F989694  
Page 2 of 4

LIST ALL PRIOR RELATIVE CLAIMS FILED FOR ACCIDENTS/INJURIES -- WHETHER INDUSTRIAL OR NON-INDUSTRIAL, WHICH YOU HAVE FILED THROUGHOUT YOUR LIFETIME.

Claim No: UNK Date of Injury: 1/2010

Employer: LUMPD Body Part(s) : C6/C7

☒ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ UNK

DR GARY FLANGAS 2285 W. ARBY AVE ST220 LUNV 89113  
Attending Physician's Name/Address for above-captioned injury

Claim No: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Employer: \_\_\_\_\_ Body Part(s) : \_\_\_\_\_

☐ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ \_\_\_\_\_

Attending Physician's Name/Address for above-captioned injury

Claim No: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Employer: \_\_\_\_\_ Body Part(s) : \_\_\_\_\_

☐ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ \_\_\_\_\_

Attending Physician's Name/Address for above-captioned injury

Claim No: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Employer: \_\_\_\_\_ Body Part(s) : \_\_\_\_\_

☐ Industrial ☐ Non-Industrial Settlement/Amount Received: \$ \_\_\_\_\_

Attending Physician's Name/Address for above-captioned injury

Signature

Date

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Injured Worker Name ROBERT HOLLAND  
Claim Number 19D34F989694  
Page 3 of 4

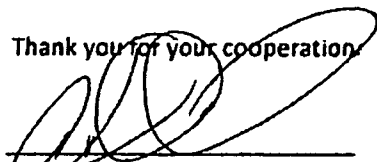
Have you ever filed a workers' compensation claim in this state or any other before?  
Yes ☒ No ☐

If yes, have you ever received a settlement or buyout for the claim?  
Yes ☒ No ☐

Please list the body part(s) and the amount of the settlement or buyout and the employer under whom the award was received.

C6/C7. CAN'T RECALL AMOUNT. LVMPD  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your cooperation.

  
(Injured Worker's Signature)

6/20/19  
(Date)

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JUN 24 2019

CCMSI ~ LVMPD



July 23, 2019

Robert Holland  
7409 Sand Pebble Lane  
Las Vegas, NV 89129

Re: Claim#: 19D34F989694  
Employer: Las Vegas Metro Police Department  
Date of Injury: 5/26/19  
Body Part(s): Heart

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AUG 15 2019

Dear Mr. Holland:

CCMSI ~ LVMPD

CCMSI is in receipt of your claim for the above-mentioned date of injury. Based on the information submitted to this office, your claim for the date of injury listed above, does not meet the statutory requirements of a heart disease claim and/or an accident, injury or occupational disease, also, it cannot be established the injury arose out of the course and scope of employment. Your claim is denied. The reason for the denial is based on the following reasons and statutory authority.

NRS 617.457 11. Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to a physical examination required pursuant to subsection 4 or 5 excludes the employee from the benefits of this section if the correction is within the ability of the employee.

NRS 616A.030 "Accident" defined. "Accident" means an unexpected or unforeseen event happening suddenly and violently, with or without human fault, and producing at the time objective symptoms of an injury.

NRS 616A.265 "Injury" and "personal injury" defined. 1. "Injury" or "personal injury" means a sudden and tangible happening of a traumatic nature, producing an immediate or prompt result which is established by medical evidence, including injuries to prosthetic devices.

NRS 616C.150 Compensation prohibited unless preponderance of evidence establishes that injury arose out of and in course of employment; rebuttable presumption if notice of injury is filed after termination of employment. 1. An injured employee or the dependents of the injured employee are not entitled to receive compensation pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS unless the employee or the dependents establish by a preponderance of the evidence that the employee's injury arose out of and in the course of his or her employment.

NRS 616C.175 Employment-related aggravation of preexisting condition which is not employment related; aggravation of employment-related injury by incident which is not employment related. 1. The resulting condition of an employee who: (a) Has a preexisting condition from a cause or origin that did not arise out of or in the course of the employee's current or past employment; and (b) Subsequently sustains an injury by accident arising out of and in the course of his or her employment which aggravates, precipitates or accelerates the preexisting condition, shall be deemed to be an

Cannon Cochran Management Services, Inc.  
PO Box 35350 • Las Vegas, NV 89133-5350  
866-446-1424 • 702-477-7016 • Fax: 702-477-7019 • www.ccmsi.com

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Page 2 19D34F989694 Holland

Injury by accident that is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the subsequent injury is not a substantial contributing cause of the resulting condition. 2. The resulting condition of an employee who: (a) Sustains an injury by accident arising out of and in the course of his or her employment; and (b) Subsequently aggravates, precipitates or accelerates the injury in a manner that does not arise out of and in the course of his or her employment, shall be deemed to be an injury by accident that is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the injury described in paragraph (a) is not a substantial contributing cause of the resulting condition. (Added to NRS by 1993, 663; A 1995, 2147; 1999, 1777)

NRS 617.344 Claim for compensation: Requirements for diseased employee, dependent or representative to file claim; form. 1. Except as otherwise provided in subsection 2, an employee who has incurred an occupational disease, or a person acting on behalf of the employee, shall file a claim for compensation with the insurer within 90 days after the employee has knowledge of the disability and its relationship to his or her employment.

NRS 617.440: An occupational disease defined in this chapter shall be deemed to arise out of and in the course of the employment if; (a) There is a direct causal connection between the conditions under which the work is performed and the occupational disease; (b) It can be seen to have followed as a natural incident of the work as a result of the exposure occasioned by the nature of the employment; (c) It can be fairly traced to the employment as the proximate cause; and (d) It does not come from a hazard to which workmen would have been equally exposed outside of the employment.

NRS 617.358 Compensation prohibited unless preponderance of evidence establishes that disease arose out of and in course of employment; rebuttable presumption if notice of disease is filed after termination of employment; exceptions. 1. An employee or the dependents of the employee are not entitled to receive compensation pursuant to the provisions of this chapter unless the employee or the dependents of the employee establish by a preponderance of the evidence that the employee's occupational disease arose out of and in the course of his or her employment.

NRS 617.366 Employment-related aggravation of preexisting condition which is not employment related; aggravation of employment-related occupational disease by incident which is not employment related. 1. The resulting condition of an employee who: (a) Has a preexisting condition from a cause or origin that did not arise out of and in the course of the employee's current or past employment; and (b) Subsequently contracts an occupational disease which aggravates, precipitates or accelerates the preexisting condition, shall be deemed to be an occupational disease that is compensable pursuant to the provisions of chapter 616A to 617, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the occupational disease is not a substantial contributing cause of the resulting condition. 2. The resulting condition of an employee who: (a) Contracts an occupational disease; and (b) Subsequently aggravates, precipitates or accelerates the occupational disease in a manner that does not arise out of and in the course of his or her employment, shall be deemed to be an occupational disease that is compensable pursuant to the provisions of chapters 616A to 617, inclusive, of NRS, unless the insurer can prove by a

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AUG 15 2019

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Page 3 19D34F989694 Holland

preponderance of the evidence that the occupational disease is not a substantial contributing cause of the resulting condition.

NRS 617.457 Heart diseases as occupational diseases of firefighters, arson investigators and police officers. [Effective January 1, 2017.] 1. Notwithstanding any other provision of this chapter, diseases of the heart of a person who, for 2 years or more, has been employed in a full-time continuous, uninterrupted and salaried occupation as a firefighter, arson investigator or police officer in this State before the date of disablement are conclusively presumed to have arisen out of and in the course of the employment if the disease is diagnosed and causes the disablement: (a) During the course of that employment; (b) If the person ceases employment before completing 20 years of service as a police officer, firefighter or arson investigator, during the period after separation from employment which equal to the number of years worked; or (c) If the person ceases employment after completing 20 years or more of service as a police officer, firefighter or arson investigator, at any time during the person's life. ☐ Service credit which is purchased in a retirement system must not be calculated towards the years of service of a person for the purposes of this section. 2. Frequent or regular use of a tobacco product within 1 year, or a material departure from a physician's prescribed plan of care by a person within 3 months, immediately preceding the filing of a claim for compensation excludes a person who has separated from service from the benefit of the conclusive presumption provided in subsection 1. 3. Notwithstanding any other provision of this chapter, diseases of the heart, resulting in either temporary or permanent disability or death, are occupational diseases and compensable as such under the provisions of this chapter if caused by extreme overexertion in times of stress or danger and a causal relationship can be shown by competent evidence that the disability or death arose out of and was caused by the performance of duties as a volunteer firefighter by a person entitled to the benefits of chapters 616A to 616D, inclusive, of NRS pursuant to the provisions of NRS 616A.145 and who, for 5 years or more, has served continuously as a volunteer firefighter in this State by continuously maintaining an active status on the roster of a volunteer fire department. 4. Except as otherwise provided in subsection 5, each employee who is to be covered for diseases of the heart pursuant to the provisions of this section shall submit to a physical examination, including an examination of the heart, upon employment, upon commencement of coverage and thereafter on an annual basis during his or her employment. 5. During the period in which a volunteer firefighter is continuously on active status on the roster of a volunteer fire department, a physical examination for the volunteer firefighter is required: (a) Upon employment; (b) Upon commencement of coverage; and (c) Once every 3 years after the physical examination that is required pursuant to paragraph (b), ☐ until the firefighter reaches the age of 50 years. Each volunteer firefighter who is 50 years of age or older shall submit to a physical examination once every 2 years during his or her employment. 6. The employer of the volunteer firefighter is responsible for scheduling the physical examination. The employer shall mail to the volunteer firefighter a written notice of the date, time and place of the physical examination at least 10 days before the date of the physical examination and shall obtain, at the time of mailing, a certificate of mailing issued by the United States Postal Service. 7. Failure to submit to a physical examination that is scheduled by his or her employer pursuant to subsection 6 excludes the volunteer firefighter from the benefits of this section. 8. The chief of a volunteer fire department may require an applicant to pay for any physical examination required pursuant to this section if the applicant: (a) Applies to the department for the first time as a volunteer firefighter; and (b) Is 50 years of age or older on the date of his or her application. 9. The volunteer fire department shall reimburse an applicant for the cost of a physical examination required pursuant to this section if the

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AUG 15 2019

CCMST ~ LVMPD

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Page 4 19D34F989694 Holland

applicant: (a) Paid for the physical examination in accordance with subsection 8; (b) Is declared physically fit to perform the duties required of a firefighter; and (c) Becomes a volunteer with the volunteer fire department. 10. Except as otherwise provided in subsection 8, all physical examinations required pursuant to subsections 4 and 5 must be paid for by the employer. 11. Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to a physical examination required pursuant to subsection 4 or 5 excludes the employee from the benefits of this section if the correction is within the ability of the employee. 12. A person who is determined to be: (a) Partially disabled from an occupational disease pursuant to the provisions of this section; and (b) Incapable of performing, with or without remuneration, work as a firefighter, arson investigator or police officer, may elect to receive the benefits provided under NRS 616C.440 for a permanent total disability. 13. Claims filed under this section may be reopened at any time during the life of the claimant for further examination and treatment of the claimant upon certification by a physician of a change of circumstances related to the occupational disease which would warrant an increase or rearrangement of compensation. 14. A person who files a claim for a disease of the heart specified in this section after he or she retires from employment as a firefighter, arson investigator or police officer is not entitled to receive any compensation for that disease other than medical benefits.

The claim does not meet the requirements set forth in chapter 617 of the NRS, inclusive as an occupational disease.

If you disagree with the above determination, you may request a hearing before a Hearing Officer by completing the enclosed hearing notice within seventy (70) days after the date on which this notice was mailed, and sending it to the State of Nevada, Department of Administration, Hearings Division, 2200 South Rancho Drive, Suite 210, Las Vegas, Nevada 89102.

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, Ste. 210  
Las Vegas, NV 89102  
(702) 486-2525

Sincerely,

*Lisa Koehler*

Lisa Koehler  
Claims Consultant

Encl: D-12; D-2

Cc: Claim File; LVMPD; DIR; Medical Providers

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AUG 15 2019

CCMSI ~ LVMPD

AUG 15 2019

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GREENMAN, GOLDBERG, RABY & MARTINEZ  
A PROFESSIONAL CORPORATION

AUBREY GOLDBERG  
GABRIEL A. MARTINEZ  
LISA M. ANDERSON  
THADDEUS J. YUREK III  
DILLON G. COIL

ATTORNEYS AT LAW  
601 SOUTH NINTH STREET  
LAS VEGAS, NEVADA 89101  
TELEPHONE: (702) 384-1616  
FACSIMILE: (702) 384-2990

E. MATTHEW ZOBRIST  
JEREMY R. BEASLEY  
DAVID J. ROTHENBERG  
JOSHUA DAVIDSON  
JENNIFER PETERSON  
SHEENA FOSTER

July 31, 2019

VIA FACSIMILE ONLY: (702) 477-7019

CCMSI

P.O. Box 35350

Las Vegas, NV 89133

Attention: Lisa Koehler, Claims Representative

RE:    Claimant        :       Robert Holland  
       D. O. I.         :       5/26/2019  
       Claim No.       :       19D34F989694  
       Employer        :       LVMPD

Dear Ms. Koehler:

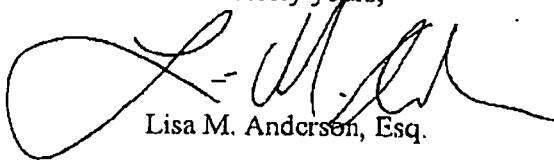
Please be advised that this firm represents Robert Holland regarding his industrial injury on the above date. Please provide our office with copies of any and all medical records, copies of correspondence, wage verification, C-3, and notice of hearing date(s), if any, pertinent to the above-cited claim. In addition, an attorney from this office will attend all permanent partial ratings or/and independent medical evaluations regarding this client unless otherwise prohibited.

Enclosed is an Authorization for Medical and Employment Information and a Power of Attorney executed by our client to allow your release of the requested information to this office.

**At this time, please provide us a copy of your file copy.**

If you should have any questions regarding this letter, please do not hesitate to contact me. If I have not heard from you within thirty (30) days from the date of this letter, I will assume that the request herein has been denied.

Sincerely yours,



Lisa M. Anderson, Esq.

LMA/blc  
Enclosures

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JUL 31 2019

CCMSI ~ LVMPD

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August 01, 2019

Greenman, Goldberg, Raby & Martinez  
Lisa Anderson, Esq.  
2770 S. Maryland Pkwy., Suite 100  
Las Vegas, NV 89109

RE: Claimant: ROBERT HOLLAND  
Date of Loss: 05/26/2019  
Our File No.: 19D34F989694

Dear Lisa Anderson, Esq.,

CCMSI is the designated claims administrator for the following employer:

L.V. METRO POLICE DEPARTMENT

This letter serves to acknowledge your legal representation of the claimant listed above.

Please note that all correspondence related to this matter should be sent to the undersigned. Please note the CCMSI file number on all correspondence.

Sincerely,

LISA KOEHLER  
CLAIM CONSULTANT  
702-477-7016

Cc: File, LVMPD

---

Cannon Cochran Management Services, Inc.

P.O. Box 35350, Las Vegas, NV 89133  
866-446-1424 • 702-477-7016 • Fax: 702-477-7019 • www.ccmsi.com

**FRAUD WARNING:** Any person who, knowingly and with intent to injure, defraud, or deceive any employer, insurance company, third party administrator, self-insured program, or any other third party, files an insurance claim containing any false or misleading information, which violates an applicable state statute, is guilty of a crime and subject to prosecution.

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

**REQUEST FOR HEARING**

STATE OF NEVADA  
DEPT. OF ADMINISTRATION  
HEARINGS DIVISION

**CLAIMANT INFORMATION**

Claimant: Robert Holland
Address: 7409 Sand Pebble Ln.
Las Vegas, NV 89129
Telephone:

**EMPLOYER INFORMATION**

Claim #: 19D34F989694
Employer: MGM Resorts International Career Center
840 Grier Dr.
Las Vegas, NV 89119

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

**I WISH TO APPEAL THE DETERMINATION DATED: July 23, 2019**

**YOU MUST ATTACH A COPY OF THE DETERMINATION LETTER  
PER NRS 616C.315 2(a)(b)**

**BRIEFLY EXPLAIN REASON FOR APPEAL:** Claimant disagrees with Insurer's letter dated July 23, 2019 regarding Claim Denial.

**ATTORNEY/REPRESENTATIVE**

**INSURANCE COMPANY:**

Name: Lisa Anderson, Esq.

Address: 2770 S. Maryland Pkwy Ste. 100

Las Vegas, NV 89109

Name: CCMSI

Address: P.O. Box 35350

Las Vegas, NV 89133

Signature

August 6, 2019

Date

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AUG 15 2019

**A COPY OF THE DETERMINATION LETTER MUST BE SUBMITTED: CCMSI ~ LVMPD**

NRS 616C.315 Request for hearing; forms for request to be provided by Insurer; appeals; expeditious and informal hearing required; direct submission to Appeals Officer.

2. Except as otherwise provided in NRS 616C.305, a person who is aggrieved by:

(a) A written determination of an Insurer; or

(b) The failure of an Insurer to respond within 30 days to a written request mailed to the Insurer by the person who is aggrieved, may appeal from the determination or failure to respond by filing a request for a hearing before a Hearing Officer.

**SCHEDULED ON**

**AUG -9 2019**

00134

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August 9, 2019

Greenman, Goldberg, Raby & Martinez Law Firm  
Attention: Gabriel Martinez, Esq.  
601 South 9<sup>th</sup> Street  
Las Vegas, NV 89101

Re: Claimant: Robert Holland  
Employer: Las Vegas Metro Police Department  
Claim#: 19D34F989694  
Injury Date: 05-26-19

Dear Attorney Martinez,

Enclosed please find the copies that you requested regarding the above noted claim. **Please issue a check for the amount below within 30 days of the date of this invoice.** These copies have been provided in advance, however, failure to pay this invoice may result in our inability to satisfy future copy requests until this invoice has been paid in full, or advance payment is required.

Total pages of copies sent 189 pages, at .30 cents per page for a total amount due of \$57.70.

Please mail check to:  
CCMSI  
P.O. Box 35350  
Las Vegas, NV 89133

If you have any questions, please feel free to contact our office.

Sincerely,

Sheri Lindsey  
Claim Clerk

Enclosure: File Copy

cc: File, LVMPD

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

In the matter of the Contested  
Industrial Insurance Claim of:

Hearing Number: 2001960-JK  
Claim Number: 19D34F989694

ROBERT HOLLAND  
7409 SANDPEBBLE LN  
LAS VEGAS, NV 89129

ABIGAIL BUCKLER - HEALTH MGR  
LVMPD - HEALTH DETAIL  
400 S MARTIN L KING BLVD STE B  
LAS VEGAS, NV 89106

\_\_\_\_\_/  
The Claimant's request for hearing was filed on August 7, 2019 and a hearing was scheduled for and held on September 12, 2019, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was not present. The Claimant was represented by Lisa M. Anderson, Esq., of Greenman, Goldberg, Raby & Martinez. The Employer was not present. The Employer was represented by Daniel L. Schwartz, Esq., of Lewis, Brisbois, Bisgaard & Smith, LLP. The Administrator was neither present or represented by legal counsel.

**ISSUE**

The Claimant appealed the determination of CCMSI dated July 23, 2019.

The issue before the Hearing Officer is CLAIM DENIAL.

**DECISION AND ORDER**

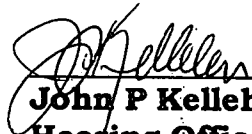
Claimant appeals the July 23, 2019 determination of the Insurer denying the heart claim for not meeting the statutory requirements of a heart disease claim and for failure to correct predisposing conditions. The evidence presented at the hearing reveals that Claimant has a history of being told of the need to deal with predisposing factors/conditions on a continuous basis. After Claimant's retirement he was diagnosed with high blood pressure in 2015 and is/was taking medication for the

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same. A preponderance of the evidence submitted therefore, reveals that Claimant has failed to meet the requirements of **NRS 617.457** for compensability. Accordingly, the July 23, 2019 determination of the Insurer denying the heart claim for not meeting the statutory requirements of a heart disease claim and for failure to correct predisposing conditions is hereby **AFFIRMED**.

**NRS 617.457.**

**IT IS SO ORDERED** this 17 day of September, 2019.

  
**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.

Nevada Department of Administration Hearings Division  
2200 South Rancho Drive, Suite 220  
Las Vegas, NV 89102  
(702) 486-2525

FILED  
SEP 20 2019  
APPEALS OFFICE

## REQUEST FOR HEARING BEFORE APPEALS OFFICER

### CLAIMANT INFORMATION

Claimant: Robert Holland
Address: 7409 Sand Pebble Ln.
Las Vegas, NV 89129
Telephone:
Hearing No: 2001960-JK

### EMPLOYER INFORMATION

Claim Number: 19D34F989694
Employer: LVMPD
Address: 400 Martin Luther King Blvd Bldg C
Las Vegas, NV 89106

PERSON REQUESTING APPEAL: (circle one) CLAIMANT EMPLOYER INSURER

I WISH TO APPEAL THE HEARING DECISION DATED: September 17, 2019

**YOU MUST ATTACH A COPY OF THE HEARING OFFICER DECISION**

BRIEFLY EXPLAIN REASON FOR APPEAL: Claimant disagrees with the Decision and Order dated September 17, 2019 which Affirmed the Insurer's determination regarding Claim Denial.

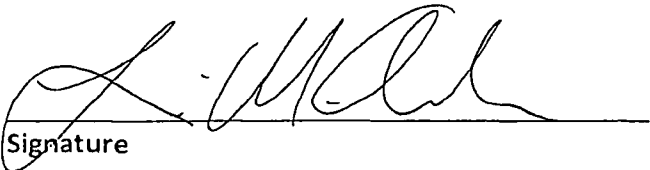
If you are represented by an attorney or other agent, please print the name and address below.

### ATTORNEY/REPRESENTATIVE:

Name: Lisa Anderson, Esq.
Address: 2770 S. Maryland Pkwy Ste. 100
Las Vegas, NV 89109
Telephone: (702) 384-1616

### INSURANCE COMPANY:

Name: CCMSI
Address: P.O. Box 35350
Las Vegas, NV 89133
Telephone:

  
Signature

September 19, 2019

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:

\_\_\_\_\_

20015010-DM

00138

91

## NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the Contested  
Industrial Insurance Claim

of

ROBERT HOLLAND  
7409 SANDPEBBLE LN.  
LAS VEGAS, NV 89129,

Claimant.

Claim No.: 19D34F989694

Hearing No.: 2001960-JK

Appeal No.: 2004526-DM

Employer:  
LVMPD-HEALTH DETAIL  
400 S. MARTIN L. KING BLVD., STE. B  
LAS VEGAS, NV 89106

DOH: 11/04/19 AT 10:00 A.M.

EMPLOYER'S APPEAL MEMORANDUM

COMES NOW the Employer, LAS VEGAS METROPOLITAN POLICE DEPARTMENT, (hereinafter referred to as "Employer"), by and through its attorneys, DANIEL L. SCHWARTZ, ESQ., and LEWIS BRISBOIS BISGAARD & SMITH LLP, and submits its Appeal Memorandum for the hearing on the instant matter currently set to be heard on **November 4, 2019, at 10:00 a.m.** In support of its position, the Employer states as follows:

1. That there is no medical, legal or factual basis upon which to warrant an entitlement to any benefits for the claimant due to his failure to meet his burden in establishing that he sustained an industrial injury and/or condition arising out of and in the course and scope of his employment.

2. That there is no medical, legal or factual basis upon which to warrant an entitlement to any benefits for claimant under NRS 617.457, as claimant failed to correct predisposing conditions that lead to heart disease.

3. That there is no medical, legal or factual basis upon which to warrant an entitlement to any benefits for the claimant as he has failed to present medical testimony sufficient to establish a causal connection between his prior employment as a police officer and his medical diagnosis.

WHEREFORE, the Employer respectfully requests that the Appeals Officer provide the following relief:

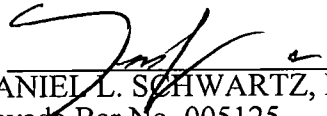
1. That the Appeals Officer affirm the Hearing Officer's September 17, 2019 Decision and Order, which affirmed the July 23, 2019 claim denial determination.

2. That the Appeals Officer affirm the July 23, 2019 claim denial determination.

DATED this 28<sup>th</sup> day of October, 2019.

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

By:   
 DANIEL L. SCHWARTZ, ESQ.  
 Nevada Bar No. 005125  
 2300 W. Sahara Ave., Ste. 300  
 Las Vegas, NV 89102  
 Attorneys for the Employer

### **DOCUMENTS TO BE INTRODUCED AT HEARING**

The Employer shall rely upon its Index of Documents, filed separately herein, and any additional supplemental documents filed thereafter. The Employer shall rely upon any documents produced by claimant, subject to objection.

### **STATEMENT OF THE ISSUES**

The following issue is before the Appeals Officer for review:

1. Whether the determination to deny the claim is proper.

### **WITNESSES**

The Employer may call medical practitioners who have provided care or opinions in this matter, either in person or via telephone. Further, the Employer does reserve the right to call claimant, proper witnesses of the Employer, and any witnesses that cannot be anticipated at this time, for rebuttal and other purposes at the time of hearing.

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TIME ESTIMATED FOR HEARING

It is estimated that the time for hearing of the Employer's case as respondent will be one (1) hour or less.

I.

STATEMENT OF THE FACTS

The claimant, ROBERT HOLLAND, (hereinafter referred to as "claimant"), a police captain has filed **a retired police officer, working corporate security in 2019**, alleges that on May 26, 2019, "while washing my vehicle I began to experience chest pain that radiated into my left arm. On Monday, 5/27/2019, I experienced the same symptoms occurred [sic] as I was leaving the gym." Dr. Wattoo completed two separate C-4 forms both indicating that the claimant had two heart attacks. One C-4 form added CAD, COPD, and emphysema to the listed diagnoses. Both noted three vessel coronary artery disease with stenting. The claimant was taken off of work from May 27, 2019 to June 17, 2019. (Exhibit pp. 1-2)

The Employer's Report of Industrial Injury or Occupational Disease notes reporting of the claim on May 28, 2019, and it was also noted that the claimant had retired from the Employer. (Exhibit p. 3)

During his tenure with the Employer, the claimant was informed of elevated triglycerides and was informed of the need to have a low fat diet.

On February 12, 2008, the claimant was informed of abnormal lab results including high LDL, but was not told to take corrective action. (Exhibit pp. 4-10)

On March 9, 2009, the **claimant was informed of the need to correct elevated triglyceride and cholesterol levels.** (Exhibit pp. 11-18)

On February 22, 2010, the claimant was informed of abnormal lab results which included low HDL findings. (Exhibit pp. 19-25)

On January 24, 2011, the **claimant was informed of the need to correct elevated triglycerides, which were at 159**, and the claimant was again advised to have a low fat diet. (Exhibit pp. 26-34)

On April 9, 2012, the **claimant was again informed of the need to correct elevated triglycerides, which had risen to 181 since the last examination**, and was advised to have a low fat diet and increased "cardio + 4 gm/day omega 2." (Exhibit pp. 35-44)

Claimant retired on December 29, 2012.

The claimant was hospitalized at he Summerlin Hospital Medical Center from May 29, 2019, through June 4, 2019. Dr. Chaudry performed cardiac catheterization procedures on June 3, 2019, which included stent and diagonal placement. It was noted that claimant had a history of asthma, hypothyroidism, and hypertension. **None of the medical records appear to reference claimant's prior employment as a police officer in relation to the need for treatment.** (Exhibit pp. 45-71)

On June 13, 2019, the adjuster sent a letter of introduction which asked the claimant to execute attached medical release and history forms. (Exhibit pp. 72-76)

On June 20, 2019, the claimant executed a medical release and noted that in 2015, he was diagnosed with high blood pressure, and was on medication for the same. (Exhibit pp. 77-80)

**On July 23, 2019, a claim denial determination was issued.** (Exhibit pp. 81-84)

On July 31, 2019, the claimant's counsel issued a letter of representation. (Exhibit p. 85)

On August 1, 2019, the adjuster acknowledged the claimant's counsel's letter of representation. (Exhibit p. 86)

On August 7, 2019, the claimant appealed the claim denial determination. (Exhibit p. 87)

On August 9, 2019, the claimant's counsel was provided copies of the claim file and was informed of copy charges associated therewith. (Exhibit p. 88)

**Following Hearing No. 2001960-JK, a Decision and Order was issued on September 17, 2019, which affirmed the denial of the claim.** (Exhibit pp. 89-90.) Claimant appealed. (Exhibit p. 91.)

This appeal ensues.

1 II.

2 ARGUMENT

3 A.

4 The Claimant Bears the Burden

5 It is the claimant, not the Employer, who has the burden of proving his case, and  
6 that is by a preponderance of all the evidence. State Industrial Insurance System v. Hicks, 100  
7 Nev. 567, 688 P.2d 324 (1984); Johnson v. State ex rel. Wyoming Worker's Compensation Div.,  
8 798 P.2d 323 (1990); Hagler v. Micron Technology, Inc., 118 Idaho 596, 798 P.2d 55 (1990).

9 In attempting to prove his case, the claimant has the burden of going beyond  
10 speculation and conjecture. That means that the claimant must establish the work connection of  
11 his injuries, the causal relationship between the work-related injury and his disability, the extent  
12 of his disability, and all facets of the claim by a preponderance of all of the evidence. To prevail,  
13 a claimant must present and prove more evidence than an amount which would make his case  
14 and his opponent's "evenly balanced." Maxwell v. SIIS, 109 Nev. 327, 849 P.2d 267 (1993);  
15 SIIS v. Khweiss, 108 Nev. 123, 825 P.2d 218 (1992); SIIS v. Kelly, 99 Nev. 774, 671 P.2d 29  
16 (1983); 3, A. Larson, The Law of Workmen's Compensation, § 80.33(a).

17 NRS 616A.010(2) makes it clear that:

18 A claim for compensation filed pursuant to the provisions of  
19 chapters 616A to 616D, inclusive, or chapter 617 of NRS must be  
20 decided on its merit and not according to the principle of common  
law that requires statutes governing worker's compensation to be  
liberally construed because they are remedial in nature.

21 Based on the available evidence, claimant cannot meet his burden to prove a  
22 compensable claim for heart disease arising out of and in the course and scope of his  
23 employment.

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## B.

**Claim Denial is Proper**

As set forth above, there is no acute trauma or specific mechanism of injury and the claimant has failed to meet the requirements of a compensable industrial occupational disease, as there is no medical testimony that connects his condition on May 26, 2019, to his prior employment as a police officer, from which he retired six and a half (6-1/2) years earlier. Further, the claimant has failed to meet the requirements for coverage under NRS 617.457, due to the claimant's history of failure to correct predisposing factors/conditions on a continuous basis, despite being warned on multiple occasions that failure to do so could result in exclusion from the benefits of the statute (after his retirement, the claimant admits that he has been diagnosed with high blood pressure in 2015 and is/was taking medication for the same).

Under NRS 616C.150 and NRS 617.358, the claimant has the burden of proof to show that the injury arose out of and in the course of employment. The claimant must satisfy this burden by a preponderance of the evidence. Further, NRS 616B.612 mandates that an employee is only entitled to compensation if he is injured in the course and scope of his employment.

The Nevada Supreme Court has held that:

An accident or injury is said to arise out of employment when there is a causal connection between the injury and the employee's work ... the injured employee must establish a link between the workplace conditions and how those conditions caused the injury ... a claimant must demonstrate that the origin of the injury is related to some risk involved within the scope of employment.

Rio Suite Hotel v. Gorsky, 113 Nev. 600 (1997).

Some courts have found a distinction between "the course of employment" and "arising out of employment." In addition to occurring while at work, the injury must result from a hazard connected with the employment. See, Miedema v. Dial Corp., 551 N.W.2d 309 (Iowa 1996).

Additionally, the Nevada Supreme Court has held that a claim is not compensable unless it is supported by qualifying medical testimony:

1           **An award of compensation cannot be based solely upon**  
 2           **possibilities and speculative testimony. A testifying physician**  
 3           **must state to a degree of reasonable medical probability that**  
 4           **the condition in question was caused by the industrial injury.**

5           United Exposition Services Co. v. SIIS, 109 Nev. 421, 851 P.2d 423 (1993).

6           This holding was affirmed and bolstered in the Horne v. SIIS, 113 Nev. 532, 936  
 7           P.2d 839 (1997) case, which held that “mere speculation and belief does not rise to the level of  
 8           reasonable medical certainty.”

9           *In this case, claimant lacks any qualifying medical testimony whatsoever.*  
 10          Claimant’s C-4 notes his occupation as “corporate security,” and claimant stated he was  
 11          “washing my vehicle” when his symptoms onset. Claimant had been retired for over six (6)  
 12          years from the police force at the time of his claim. None of the medical reporting discusses any  
 13          connection between claimant’s prior employment as a police officer and his condition.

14          The provisions of NRS 617.457 are potentially applicable to this case, but the  
 15          claimant has failed to meet the requirements for coverage under that statute, as the claimant has a  
 16          history of failing to correct predisposing conditions. Therefore, claim denial is proper per the  
 17          provisions of NRS 617.457(11) which states:

18           **NRS 617.457 Heart diseases as occupational diseases of**  
 19           **firefighters, arson investigators and police officers. [Effective**  
 20           **January 1, 2018.]**

21           1. Notwithstanding any other provision of this chapter,  
 22           diseases of the heart of a person who, for 2 years or more, has been  
 23           employed in a full-time continuous, uninterrupted and salaried  
 24           occupation as a firefighter, arson investigator or police officer in  
 25           this State before the date of disablement are conclusively presumed  
 26           to have arisen out of and in the course of the employment if the  
 27           disease is diagnosed and causes the disablement:

28           (a) During the course of that employment;

          (b) If the person ceases employment before completing 20  
 years of service as a police officer, firefighter or arson investigator,  
 during the period after separation from employment which is equal  
 to the number of years worked; or

          (c) If the person ceases employment after completing 20  
 years or more of service as a police officer, firefighter or arson  
 investigator, at any time during the person’s life.

➤ Service credit which is purchased in a retirement system must  
 not be calculated towards the years of service of a person for the  
 purposes of this section.

2. Frequent or regular use of a tobacco product within 1 year, or a material departure from a physician's prescribed plan of care by a person within 3 months, immediately preceding the filing of a claim for compensation excludes a person who has separated from service from the benefit of the conclusive presumption provided in subsection 1.

3. Notwithstanding any other provision of this chapter, diseases of the heart, resulting in either temporary or permanent disability or death, are occupational diseases and compensable as such under the provisions of this chapter if caused by extreme overexertion in times of stress or danger and a causal relationship can be shown by competent evidence that the disability or death arose out of and was caused by the performance of duties as a volunteer firefighter by a person entitled to the benefits of chapters 616A to 616D, inclusive, of NRS pursuant to the provisions of NRS 616A.145 and who, for 5 years or more, has served continuously as a volunteer firefighter in this State by continuously maintaining an active status on the roster of a volunteer fire department.

4. Except as otherwise provided in subsection 5, each employee who is to be covered for diseases of the heart pursuant to the provisions of this section shall submit to a physical examination, including an examination of the heart, upon employment, upon commencement of coverage and thereafter on an annual basis during his or her employment.

5. During the period in which a volunteer firefighter is continuously on active status on the roster of a volunteer fire department, a physical examination for the volunteer firefighter is required:

(a) Upon employment;

(b) Upon commencement of coverage; and

(c) Once every 3 years after the physical examination that is required pursuant to paragraph (b),

→ until the firefighter reaches the age of 50 years. Each volunteer firefighter who is 50 years of age or older shall submit to a physical examination once every 2 years during his or her employment.

6. The employer of the volunteer firefighter is responsible for scheduling the physical examination. The employer shall mail to the volunteer firefighter a written notice of the date, time and place of the physical examination at least 10 days before the date of the physical examination and shall obtain, at the time of mailing, a certificate of mailing issued by the United States Postal Service.

7. Failure to submit to a physical examination that is scheduled by his or her employer pursuant to subsection 6 excludes the volunteer firefighter from the benefits of this section.

8. The chief of a volunteer fire department may require an applicant to pay for any physical examination required pursuant to this section if the applicant:

(a) Applies to the department for the first time as a volunteer firefighter; and

(b) Is 50 years of age or older on the date of his or her application.

9. The volunteer fire department shall reimburse an applicant for the cost of a physical examination required pursuant to this section if the applicant:

(a) Paid for the physical examination in accordance with subsection 8;

(b) Is declared physically fit to perform the duties required of a firefighter; and

(c) Becomes a volunteer with the volunteer fire department.

10. Except as otherwise provided in subsection 8, all physical examinations required pursuant to subsections 4 and 5 must be paid for by the employer.

**11. Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to a physical examination required pursuant to subsection 4 or 5 excludes the employee from the benefits of this section if the correction is within the ability of the employee.**

12. A person who is determined to be:

(a) Partially disabled from an occupational disease pursuant to the provisions of this section; and

(b) Incapable of performing, with or without remuneration, work as a firefighter, arson investigator or police officer,  
 ➔ may elect to receive the benefits provided under NRS 616C.440 for a permanent total disability.

13. Claims filed under this section may be reopened at any time during the life of the claimant for further examination and treatment of the claimant upon certification by a physician of a change of circumstances related to the occupational disease which would warrant an increase or rearrangement of compensation.

14. A person who files a claim for a disease of the heart specified in this section after he or she retires from employment as a firefighter, arson investigator or police officer is not entitled to receive any compensation for that disease other than medical benefits.

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Here, in 2011, claimant was warned in writing to lower his triglycerides, which were at 159. *Claimant, however, not only failed to do this, but in 2012, his triglycerides were even higher, at 181.*<sup>1</sup> Claimant was again notified in writing of the need to lower this figure.

Finally, the claimant has failed to meet the requirements for an occupational disease under NRS 617.440. That provision provides:

NRS 617.440 Requirements for occupational disease to be deemed to arise out of and in course of employment; applicability.

1. An occupational disease defined in this chapter shall be deemed to arise out of and in the course of the employment if:

(a) There is a direct causal connection between the conditions under which the work is performed and the occupational disease;

(b) It can be seen to have followed as a natural incident of the work as a result of the exposure occasioned by the nature of the employment;

(c) It can be fairly traced to the employment as the proximate cause; and

(d) It does not come from a hazard to which workers would have been equally exposed outside of the employment.

2. The disease must be incidental to the character of the business and not independent of the relation of the employer and employee.

3. The disease need not have been foreseen or expected, but after its contraction must appear to have had its origin in a risk connected with the employment, and to have flowed from that source as a natural consequence.

4. In cases of disability resulting from radium poisoning or exposure to radioactive properties or substances, or to roentgen rays (X-rays) or ionizing radiation, the poisoning or illness resulting in disability must have been contracted in the State of Nevada.

5. The requirements set forth in this section do not apply to claims filed pursuant to NRS 617.453, 617.455, 617.457, 617.485 or 617.487.

Here, claimant has no medical testimony to support an occupational disease claim related to claimant's prior employment as police officer. Claimant's occupation at the time the

<sup>1</sup> Claimant's memo incorrectly states that claimant's triglycerides were "normal" in 2012. This is patently false. As with evidence submitted by Employer, claimant's own evidence notes a triglyceride level of 181 for the 2012 exam. It also notable that the prior year's level (159) is provided in handwritten form. (Claimant's Exhibits, p. 166).

1 C-4 was completed was corporate security, apparently for MGM. Further, none of the reporting  
2 discusses medical causation in any way.

3 III.

4 CONCLUSION

5 Based upon the foregoing, claimant has failed to meet his burden of establishing a  
6 compensable claim.

7 WHEREFORE, the Employer respectfully requests that the Appeals Officer  
8 provide the following relief:

9 1. That the Appeals Officer affirm the Hearing Officer's September 17, 2019  
10 Decision and Order, which affirmed the July 23, 2019 claim denial determination.

11 2. That the Appeals Officer affirm the July 23, 2019 claim denial  
12 determination.

13 DATED this 28 day of October, 2019.

14 Respectfully submitted,

15 LEWIS BRISBOIS BISGAARD & SMITH LLP

16 By: 

17 DANIEL L. SCHWARTZ, ESQ.  
18 Nevada Bar No. 005125  
19 2300 W. Sahara Ave., Ste. 300, Box 28  
20 Las Vegas, NV 89102  
21 Tel.: 702.893.3383  
22 Fax: 702.366.9689  
23 Attorneys for the Employer,  
24 LAS VEGAS METROPOLITAN  
25 POLICE DEPARTMENT  
26  
27  
28

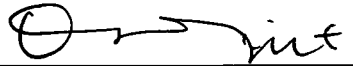
**CERTIFICATE OF MAILING**

I hereby certify that, on the 31<sup>st</sup> day of October, 2019, I served a true and correct copy of the above and foregoing **EMPLOYER'S APPEAL MEMORANDUM** by depositing a true and correct copy of the same for mailing, postage prepaid thereon, in an envelope addressed to the following:

LISA ANDERSON, ESQ.  
GREENMAN GOLDBERG RABY & MARTINEZ  
2770 S. MARYLAND PKWY., STE. 100  
LAS VEGAS, NV 89109

LVMPD - HEALTH DETAIL  
ATTN.: JEFF ROCH  
400 S. MARTIN L. KING BLVD., STE. B  
LAS VEGAS, NV 89106

CCMSI  
ATTN.: LISA KOEHLER  
P.O. BOX 35350  
LAS VEGAS, NV 89133



An employee of LEWIS BRISBOIS BISGAARD & SMITH LLP

**BEFORE THE APPEALS OFFICER**

In the Matter of the Contested ) Appeals No. : 2004526-DM  
 Industrial Insurance Claim of: )  
 ) Claim No. : 19D34F989694  
 ROBERT HOLLAND )  
 )  
 Claimant )

**FILED****OCT 21 2019****CLAIMANT'S EVIDENCE PACKAGE****APPEALS OFFICE**

COMES NOW, Claimant, ROBERT HOLLAND, and submits the following evidence  
 attached hereto, collectively marked as "Exhibit 1," as follows:

**DOCUMENT DESCRIPTION****PAGE NO.**

- |   |         |
|---|---------|
| 1. Notice of Appeal and Order to Appear (2004526-DM)              | 1-5     |
| 2. Notice of Hearing before the Hearing Officer (2001960-JK)      | 6-12    |
| 3. C-4 form   | 13      |
| 4. Records from Summerlin Hospital Medical Center                 | 14-40   |
| 5. Response from LVMPD Medical Director dated July 20, 2019       | 41      |
| 6. Notice of Claim Denial dated March 7, 2019                     | 42-45   |
| 7. Hearing Officer Decision dated September 17, 2019 (2001960-JK) | 46-47   |
| 8. 2008 Annual Physical   | 48-70   |
| 9. 2009 Annual Physical   | 71-101  |
| 10. 2010 Annual Physical  | 102-121 |
| 11. 2011 Annual Physical  | 122-147 |
| 12. 2012 Annual Physical  | 148-171 |

DOCO13

Claimant's 00151 1

**AFFIRMATION PURSUANT TO NRS 293B.030**

The undersigned does hereby affirm that the attached exhibits do not contain the personal information of any person.

DATED this 2<sup>nd</sup> day of October, 2019.

GREENMAN GOLDBERG RABY & MARTINEZ

By

LISA M. ANDERSON, ESQ.

Nevada Bar No. 004907

2770 South Maryland Parkway

Suite 100

Las Vegas, Nevada 89109

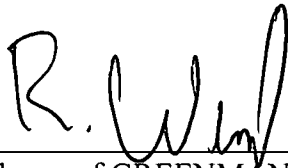
Attorneys for Claimant

Greenman Goldberg Raby Martinez  
ACCIDENT INJURY ATTORNEYS

**CERTIFICATE OF SERVICE**

I do hereby certify that on the 21<sup>st</sup> day of October, 2019, I caused a true and correct copy of the foregoing **CLAIMANT'S EVIDENCE PACKAGE** to be duly mailed, postage prepaid, hand delivered **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, Appeals Office, 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada 89102, to the following:

Daniel L. Schwartz, Esq.  
LEWIS BRISBOIS BISGAARD & SMITH  
2300 West Sahara Avenue  
Suite 300, Box 28  
Las Vegas, Nevada 89102



An employee of GREENMAN GOLDBERG RABY & MARTINEZ

Exhibit 1

BEFORE THE APPEALS OFFICER

In the Matter of the Contested  
Industrial Insurance Claim of:

ROBERT HOLLAND,

Claimant.

Claim No: 19D34F989694

Appeal No: 2004526-DM

NOTICE OF APPEAL AND ORDER TO APPEAR

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

**DATE:** NOVEMBER 4, 2019

**TIME:** 10:00AM STACKED

**PLACE:** DEPT OF ADMINISTRATION, HEARINGS DIVISION  
2200 SOUTH RANCHO DRIVE, SUITE 220  
LAS VEGAS NV 89102

2. The **INSURER** shall comply with NAC 616C.300 for the provision of documents in the Claimant's file relating to the matter on appeal.
3. **ALL PARTIES** shall comply with NAC 616C.297 for the filing and serving of information to be considered on appeal.
4. Pursuant to NRS 239B.030(4), any document/s filed with this agency must have all social security numbers redacted or otherwise removed and an affirmation to this effect must be attached. The documents otherwise may be rejected by the Hearings Division.
5. Pursuant to NRS 616C.282, any party failing to comply with NAC 616C.274-.336 shall be subject to the Appeals Officer's orders as are necessary to direct the course of the Hearing.
6. In the event that all parties to this action agree to have the matter RE-SCHEDULED AND SET FOR A DATE AND TIME CERTAIN, you are hereby required to submit AT LEAST TWO (2) DAYS prior to the scheduled Hearing date a written request, submitted by letter, facsimile or by email, to the Appeals Office advising the Appeals Office that all parties to the action have agreed to remove the action from the Stacked Calendar. A continuance of the hearing date also may be obtained pursuant to NAC 616C.318. The matter will otherwise proceed as scheduled on the STACKED CALENDAR ON A TIME AVAILABLE BASIS.
7. The injured employee may be represented by a private attorney or seek assistance and advice from the Nevada Attorney for Injured Workers.

**IT IS SO ORDERED** this 1st day of October, 2019.



DENISE S MCKAY, ESQ.  
APPEALS OFFICER

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing NOTICE OF APPEAL AND ORDER TO APPEAR was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

ROBERT HOLLAND  
7409 SANDPEBBLE LN  
LAS VEGAS NV 89129

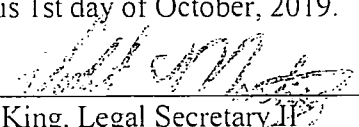
LISA M ANDERSON ESQ  
GREENMAN GOLDBERG RABY & MARTINEZ  
2770 S MARYLAND PKWY STE 100  
LAS VEGAS NV 89109

LVMPD - HEALTH DETAIL  
ABIGAIL BUCKLER - HEALTH MGR  
400 S MARTIN L KING BLVD STE B  
LAS VEGAS NV 89106

DANIEL SCHWARTZ ESQ  
LEWIS BRISBOIS BISGAARD & SMITH LLP  
2300 W SAHARA AVE STE 300 BOX 28  
LAS VEGAS NV 89102-4375

CCMSI  
ATTN JULIE VACCA  
P O BOX 35350  
LAS VEGAS NV 89133-5350

Dated this 1st day of October, 2019.

  
\_\_\_\_\_  
Jennifer King, Legal Secretary II  
Employee of the State of Nevada

FILED  
 SEP 20 2019  
 APPEALS OFFICE

## REQUEST FOR HEARING BEFORE APPEALS OFFICER

### CLAIMANT INFORMATION

Claimant: Robert Holland
Address: 7409 Sand Pebble Ln.
Las Vegas, NV 89129
Telephone:
Hearing No: 2001960-JK

### EMPLOYER INFORMATION

Claim Number: 19D34F989694
Employer: LVMPD
Address: 400 Martin Luther King Blvd Bldg C
Las Vegas, NV 89106

PERSON REQUESTING APPEAL: (circle one) CLAIMANT EMPLOYER INSURER

I WISH TO APPEAL THE HEARING DECISION DATED: September 17, 2019

*YOU MUST ATTACH A COPY OF THE HEARING OFFICER DECISION*

BRIEFLY EXPLAIN REASON FOR APPEAL: Claimant disagrees with the Decision and Order dated September 17, 2019 which Affirmed the Insurer's determination regarding Claim Denial.

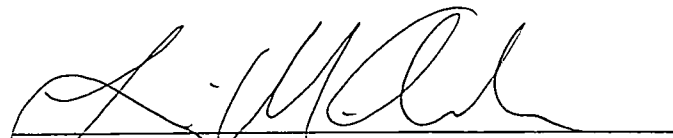
If you are represented by an attorney or other agent, please print the name and address below.

### ATTORNEY/REPRESENTATIVE:

Name: Lisa Anderson, Esq.
Address: 2770 S. Maryland Pkwy Ste. 100
Las Vegas, NV 89109
Telephone: (702) 384-1616

### INSURANCE COMPANY:

Name: CCMSI
Address: P.O. Box 35350
Las Vegas, NV 89133
Telephone:

  
 Signature

September 19, 2019

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:

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

In the matter of the Contested  
Industrial Insurance Claim of:

Hearing Number: 2001960-JK  
Claim Number: 19D34F989694

ROBERT HOLLAND  
7409 SANDPEBBLE LN  
LAS VEGAS, NV 89129

ABIGAIL BUCKLER - HEALTH MGR  
LVMPD - HEALTH DETAIL  
400 S MARTIN L KING BLVD STE B  
LAS VEGAS, NV 89106

\_\_\_\_\_/

The Claimant's request for hearing was filed on August 7, 2019 and a hearing was scheduled for and held on September 12, 2019, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was not present. The Claimant was represented by Lisa M. Anderson, Esq., of Greenman, Goldberg, Raby & Martinez. The Employer was not present. The Employer was represented by Daniel L. Schwartz, Esq., of Lewis, Brisbois, Bisgaard & Smith, LLP. The Administrator was neither present or represented by legal counsel.

**ISSUE**

The Claimant appealed the determination of CCMSI dated July 23, 2019.

The issue before the Hearing Officer is CLAIM DENIAL.

**DECISION AND ORDER**

Claimant appeals the July 23, 2019 determination of the Insurer denying the heart claim for not meeting the statutory requirements of a heart disease claim and for failure to correct predisposing conditions. The evidence presented at the hearing reveals that Claimant has a history of being told of the need to deal with predisposing factors/conditions on a continuous basis. After Claimant's retirement he was diagnosed with high blood pressure in 2015 and is/was taking medication for the

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///  
///

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was 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:

ROBERT HOLLAND  
7409 SANDPEBBLE LN  
LAS VEGAS NV 89129

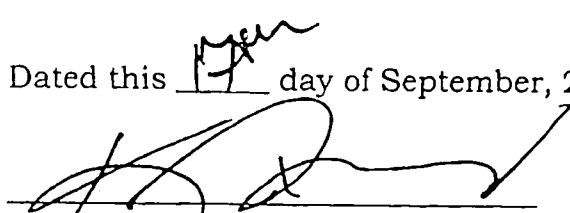
LISA M ANDERSON ESQ  
GREENMAN GOLDBERG RABY & MARTINEZ  
2770 S MARYLAND PKWY STE 100  
LAS VEGAS NV 89109

ABIGAIL BUCKLER - HEALTH MGR  
LVMPD - HEALTH DETAIL  
400 S MARTIN L KING BLVD STE B  
LAS VEGAS NV 89106

DANIEL SCHWARTZ ESQ  
LEWIS BRISBOIS BISGAARD & SMITH LLP  
2300 W SAHARA AVE STE 300 BOX 28  
LAS VEGAS NV 89102-4375

CCMSI  
ATTN JULIE VACCA  
P O BOX 35350  
LAS VEGAS NV 89133-5350

Dated this 17<sup>th</sup> day of September, 2019.

  
\_\_\_\_\_  
Katia Ramirez  
Employee of the State of Nevada

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

In the matter of the Contested  
Industrial Insurance Claim of:

Hearing Number: 2001960-JK  
Claim Number: 19D34F989694

ROBERT HOLLAND  
7409 SANDPEBBLE LN  
LAS VEGAS, NV 89129

ABIGAIL BUCKLER - HEALTH MGR  
LVMPD - HEALTH DETAIL  
400 S MARTIN L KING BLVD STE B  
LAS VEGAS, NV 89106

**NOTICE OF HEARING BEFORE THE HEARING OFFICER**

Pursuant to the **Claimant's** request for a Hearing Officer review of the Insurer's Determination under Chapters 616 and 617 of the Nevada Revised Statutes, you are hereby notified a hearing will be held:

**DATE:** September 12, 2019  
**TIME:** 1:30 PM  
**PLACE:** Department of Administration, Hearings Division  
2200 South Rancho Drive, Suite 210  
Las Vegas, NV 89102  
Phone (702) 486-2525

The matter to be ascertained from this Hearing shall be whether the determination rendered by the Insurer is proper. Failure of the appealing party to attend this Hearing may result in dismissal of the appeal.

**NOTE:** The Claimant may be represented at the Hearing by a private attorney or may seek assistance and advice from the Nevada Attorney for Injured Worker's at 486-2830. If you have an attorney or other representative, please confirm with them the date and time for this hearing.

If you would prefer to testify by telephone, please contact this office one week prior to the hearing date at 486-2525 with the appropriate information. Telephone hearings will generally take place within 1 hour of the time designated for the Hearing (see above).

**NOTE:** This Hearing will be scheduled on a **STACKED** calendar.

Dated this 15th day of August, 2019.

**John P Kelleher**  
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 **NOTICE OF HEARING BEFORE THE HEARING OFFICER** 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, 89102 to the following:

ROBERT HOLLAND  
7409 SANDPEBBLE LN  
LAS VEGAS NV 89129


LISA M ANDERSON ESQ  
GREENMAN GOLDBERG RABY & MARTINEZ  
2770 S MARYLAND PKWY STE 100  
LAS VEGAS NV 89109

ABIGAIL BUCKLER - HEALTH MGR  
LVMPD - HEALTH DETAIL  
400 S MARTIN L KING BLVD STE B  
LAS VEGAS NV 89106

DANIEL SCHWARTZ ESQ  
LEWIS BRISBOIS BISGAARD & SMITH LLP  
2300 W SAHARA AVE STE 300 BOX 28  
LAS VEGAS NV 89102-4375

CCMSI  
ATTN JULIE VACCA  
P O BOX 35350  
LAS VEGAS NV 89133-5350

Dated this 15th day of August, 2019.

  
\_\_\_\_\_  
Katia Ramirez  
Employee of the State of Nevada

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

# REQUEST FOR HEARING

STATE OF NEVADA  
 DEPT. OF ADMINISTRATION  
 HEARINGS DIVISION  
 2019 AUG - 7 A 10:52  
 RECEIVED  
 FILED

## CLAIMANT INFORMATION

Claimant: Robert Holland
Address: 7409 Sand Pebble Ln.
Las Vegas, NV 89129
Telephone:

## EMPLOYER INFORMATION

Claim #: 19D34F989694
Employer: MGM Resorts International Career Center
840 Grier Dr.
Las Vegas, NV 89119

PERSON REQUESTING APPEAL: (circle one) CLAIMANT EMPLOYER INSURER

I WISH TO APPEAL THE DETERMINATION DATED: July 23, 2019

**YOU MUST ATTACH A COPY OF THE DETERMINATION LETTER  
 PER NRS 616C.315 2(a)(b)**

BRIEFLY EXPLAIN REASON FOR APPEAL: Claimant disagrees with Insurer's letter dated July 23, 2019 regarding Claim Denial.

## ATTORNEY/REPRESENTATIVE

## INSURANCE COMPANY:

Name: Lisa Anderson, Esq.
Address: 2770 S. Maryland Pkwy Ste. 100
Las Vegas, NV 89109

Name: CCMSI
Address: P.O. Box 35350
Las Vegas, NV 89133

Signature

August 6, 2019

Date

**A COPY OF THE DETERMINATION LETTER MUST BE SUBMITTED:**

NRS 616C.315 Request for hearing; forms for request to be provided by Insurer; appeals; expeditious and informal hearing required; direct submission to Appeals Officer.

2. Except as otherwise provided in NRS 616C.305, a person who is aggrieved by:

(a) A written determination of an Insurer; or

(b) The failure of an Insurer to respond within 30 days to a written request mailed to the Insurer by the person who is aggrieved, may appeal from the determination or failure to respond by filing a request for a hearing before a Hearing Officer.

2001960-8



July 23, 2019

Robert Holland  
7409 Sand Pebble Lane  
Las Vegas, NV 89129

Re: Claim#: 19D34F989694  
Employer: Las Vegas Metro Police Department  
Date of Injury: 5/26/19  
Body Part(s): Heart

Dear Mr. Holland:

CCMSI is in receipt of your claim for the above-mentioned date of injury. Based on the information submitted to this office, your claim for the date of injury listed above, does not meet the statutory requirements of a heart disease claim and/or an accident, injury or occupational disease, also, it cannot be established the injury arose out of the course and scope of employment. Your claim is denied. The reason for the denial is based on the following reasons and statutory authority.

NRS 617.457 11. Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to a physical examination required pursuant to subsection 4 or 5 excludes the employee from the benefits of this section if the correction is within the ability of the employee.

NRS 616A.030 "Accident" defined. "Accident" means an unexpected or unforeseen event happening suddenly and violently, with or without human fault, and producing at the time objective symptoms of an injury.

NRS 616A.265 "Injury" and "personal injury" defined. 1. "Injury" or "personal injury" means a sudden and tangible happening of a traumatic nature, producing an immediate or prompt result which is established by medical evidence, including injuries to prosthetic devices.

NRS 616C.150 Compensation prohibited unless preponderance of evidence establishes that injury arose out of and in course of employment; rebuttable presumption if notice of injury is filed after termination of employment. 1. An injured employee or the dependents of the injured employee are not entitled to receive compensation pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS unless the employee or the dependents establish by a preponderance of the evidence that the employee's injury arose out of and in the course of his or her employment.

NRS 616C.175 Employment-related aggravation of preexisting condition which is not employment related; aggravation of employment-related injury by incident which is not employment related. 1. The resulting condition of an employee who: (a) Has a preexisting condition from a cause or origin that did not arise out of or in the course of the employee's current or past employment; and (b) Subsequently sustains an injury by accident arising out of and in the course of his or her employment which aggravates, precipitates or accelerates the preexisting condition, shall be deemed to be an

Page 2 19D34F989694 Holland

injury by accident that is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the subsequent injury is not a substantial contributing cause of the resulting condition. 2. The resulting condition of an employee who: (a) Sustains an injury by accident arising out of and in the course of his or her employment; and (b) Subsequently aggravates, precipitates or accelerates the injury in a manner that does not arise out of and in the course of his or her employment, shall be deemed to be an injury by accident that is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the injury described in paragraph (a) is not a substantial contributing cause of the resulting condition. (Added to NRS by 1993, 663; A 1995, 2147; 1999, 1777)

NRS 617.344 Claim for compensation: Requirements for diseased employee, dependent or representative to file claim; form. 1. Except as otherwise provided in subsection 2, an employee who has incurred an occupational disease, or a person acting on behalf of the employee, shall file a claim for compensation with the insurer within 90 days after the employee has knowledge of the disability and its relationship to his or her employment.

NRS 617.440: An occupational disease defined in this chapter shall be deemed to arise out of and in the course of the employment if; (a) There is a direct causal connection between the conditions under which the work is performed and the occupational disease; (b) It can be seen to have followed as a natural incident of the work as a result of the exposure occasioned by the nature of the employment; (c) It can be fairly traced to the employment as the proximate cause; and (d) It does not come from a hazard to which workmen would have been equally exposed outside of the employment.

NRS 617.358 Compensation prohibited unless preponderance of evidence establishes that disease arose out of and in course of employment; rebuttable presumption if notice of disease is filed after termination of employment; exceptions. 1. An employee or the dependents of the employee are not entitled to receive compensation pursuant to the provisions of this chapter unless the employee or the dependents of the employee establish by a preponderance of the evidence that the employee's occupational disease arose out of and in the course of his or her employment.

NRS 617.366 Employment-related aggravation of preexisting condition which is not employment related; aggravation of employment-related occupational disease by incident which is not employment related. 1. The resulting condition of an employee who: (a) Has a preexisting condition from a cause or origin that did not arise out of and in the course of the employee's current or past employment; and (b) Subsequently contracts an occupational disease which aggravates, precipitates or accelerates the preexisting condition, shall be deemed to be an occupational disease that is compensable pursuant to the provisions of chapter 616A to 617, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the occupational disease is not a substantial contributing cause of the resulting condition. 2. The resulting condition of an employee who: (a) Contracts an occupational disease; and (b) Subsequently aggravates, precipitates or accelerates the occupational disease in a manner that does not arise out of and in the course of his or her employment, shall be deemed to be an occupational disease that is compensable pursuant to the provisions of chapters 616A to 617, inclusive, of NRS, unless the insurer can prove by a

Page 3 19D34F989694 Holland

preponderance of the evidence that the occupational disease is not a substantial contributing cause of the resulting condition.

NRS 617.457 Heart diseases as occupational diseases of firefighters, arson investigators and police officers. [Effective January 1, 2017.] 1. Notwithstanding any other provision of this chapter, diseases of the heart of a person who, for 2 years or more, has been employed in a full-time continuous, uninterrupted and salaried occupation as a firefighter, arson investigator or police officer in this State before the date of disablement are conclusively presumed to have arisen out of and in the course of the employment if the disease is diagnosed and causes the disablement: (a) During the course of that employment; (b) If the person ceases employment before completing 20 years of service as a police officer, firefighter or arson investigator, during the period after separation from employment which equal to the number of years worked; or (c) If the person ceases employment after completing 20 years or more of service as a police officer, firefighter or arson investigator, at any time during the person's life. ☐ Service credit which is purchased in a retirement system must not be calculated towards the years of service of a person for the purposes of this section. 2. Frequent or regular use of a tobacco product within 1 year, or a material departure from a physician's prescribed plan of care by a person within 3 months, immediately preceding the filing of a claim for compensation excludes a person who has separated from service from the benefit of the conclusive presumption provided in subsection 1. 3. Notwithstanding any other provision of this chapter, diseases of the heart, resulting in either temporary or permanent disability or death, are occupational diseases and compensable as such under the provisions of this chapter if caused by extreme overexertion in times of stress or danger and a causal relationship can be shown by competent evidence that the disability or death arose out of and was caused by the performance of duties as a volunteer firefighter by a person entitled to the benefits of chapters 616A to 616D, inclusive, of NRS pursuant to the provisions of NRS 616A.145 and who, for 5 years or more, has served continuously as a volunteer firefighter in this State by continuously maintaining an active status on the roster of a volunteer fire department. 4. Except as otherwise provided in subsection 5, each employee who is to be covered for diseases of the heart pursuant to the provisions of this section shall submit to a physical examination, including an examination of the heart, upon employment, upon commencement of coverage and thereafter on an annual basis during his or her employment. 5. During the period in which a volunteer firefighter is continuously on active status on the roster of a volunteer fire department, a physical examination for the volunteer firefighter is required: (a) Upon employment; (b) Upon commencement of coverage; and (c) Once every 3 years after the physical examination that is required pursuant to paragraph (b), ☐ until the firefighter reaches the age of 50 years. Each volunteer firefighter who is 50 years of age or older shall submit to a physical examination once every 2 years during his or her employment. 6. The employer of the volunteer firefighter is responsible for scheduling the physical examination. The employer shall mail to the volunteer firefighter a written notice of the date, time and place of the physical examination at least 10 days before the date of the physical examination and shall obtain, at the time of mailing, a certificate of mailing issued by the United States Postal Service. 7. Failure to submit to a physical examination that is scheduled by his or her employer pursuant to subsection 6 excludes the volunteer firefighter from the benefits of this section. 8. The chief of a volunteer fire department may require an applicant to pay for any physical examination required pursuant to this section if the applicant: (a) Applies to the department for the first time as a volunteer firefighter; and (b) Is 50 years of age or older on the date of his or her application. 9. The volunteer fire department shall reimburse an applicant for the cost of a physical examination required pursuant to this section if the

Page 4 19D34F989694 Holland

applicant: (a) Paid for the physical examination in accordance with subsection 8; (b) Is declared physically fit to perform the duties required of a firefighter; and (c) Becomes a volunteer with the volunteer fire department. 10. Except as otherwise provided in subsection 8, all physical examinations required pursuant to subsections 4 and 5 must be paid for by the employer. 11. Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to a physical examination required pursuant to subsection 4 or 5 excludes the employee from the benefits of this section if the correction is within the ability of the employee. 12. A person who is determined to be: (a) Partially disabled from an occupational disease pursuant to the provisions of this section; and (b) Incapable of performing, with or without remuneration, work as a firefighter, arson investigator or police officer, may elect to receive the benefits provided under NRS 616C.440 for a permanent total disability. 13. Claims filed under this section may be reopened at any time during the life of the claimant for further examination and treatment of the claimant upon certification by a physician of a change of circumstances related to the occupational disease which would warrant an increase or rearrangement of compensation. 14. A person who files a claim for a disease of the heart specified in this section after he or she retires from employment as a firefighter, arson investigator or police officer is not entitled to receive any compensation for that disease other than medical benefits.

The claim does not meet the requirements set forth in chapter 617 of the NRS, inclusive as an occupational disease.

If you disagree with the above determination, you may request a hearing before a Hearing Officer by completing the enclosed hearing notice within seventy (70) days after the date on which this notice was mailed, and sending it to the State of Nevada, Department of Administration, Hearings Division, 2200 South Rancho Drive, Suite 210, Las Vegas, Nevada 89102.

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, Ste. 210  
Las Vegas, NV 89102  
(702) 486-2525

Sincerely,

*Lisa Koehler*

Lisa Koehler  
Claims Consultant

Encl: D-12; D-2

Cc: Claim File; LVMPD; DIR; Medical Providers

**FORM C-4**  
**PLEASE TYPE OR PRINT**

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED						
First Name <b>ROBERT</b>	M.I. <b>HOLLAND</b>	Last Name <b>HOLLAND</b>	Birthdate <b>01/13/1960</b>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Claim Number (Insurer's Use Only)	
Home Address <b>7409 SAND PEBBLE LANE</b>			Age <b>59</b>	Height <b>5'11"</b>	Weight <b>243</b>	Social Security Number
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip <b>89129</b>	Telephone <b>702-813-8412</b>			
Mailing Address <b>S/A</b>			City <b>S/A</b>	State <b>S/A</b>	Zip <b>S/A</b>	Primary Language Spoken <b>ENGLISH</b>
INSURER <b>MGH RESORTS HEALTH PLAN</b>		THIRD-PARTY ADMINISTRATOR <b>UMR</b>		Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred <b>CORPORATE SECURITY</b>		
Employer's Name/Company Name <b>MGH RESORTS</b>					Telephone <b>702-692-9678</b>	
Office Mail Address (Number and Street) <b>71 E. HARMON AVE LAS VEGAS NV 89109</b>						
Date of Injury (if applicable) <b>5/26/2019</b>	Hours Injury (if applicable) <b>0830 am</b>	Date Employer Notified <b>5/28/2019</b>	Last Day of Work After Injury or Occupational Disease <b>5/28/2019</b>	Supervisor to Whom Injury Reported <b>JIM ANSTETT</b>		
Address or Location of Accident (if applicable) <b>7409 SAND PEBBLE LANE LAS VEGAS, NV 89129</b>						
What were you doing at the time of the accident? (if applicable) <b>WASHING MY VEHICLE</b>						
How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) <b>WHILE WASHING MY VEHICLE I BEGAN TO EXPERIENCE CHEST PAIN THAT RADIATED INTO MY LEFT ARM. ON MONDAY, 5/27/2019, I EXPERIENCED THE SAME SYMPTOMS OCCURRED AS I WAS LEAVING THE GYM.</b>						
If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? <b>5/26/2019</b>					Witnesses to the Accident (if applicable) <b>N/A</b>	
Nature of Injury or Occupational Disease <b>HEART ATTACK</b>			Part(s) of Body Injured or Affected <b>HEART</b>			
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 CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.						
Date <b>6/7/2019</b>	Place <b>HOME</b>	Employee's Signature <i>[Signature]</i>				
<b>THIS REPORT MUST BE COMPLETED AND MAILED WITHIN WORKING DAYS OF TREATMENT</b>						
Place <b>Summerlin Hospital</b>	Name of Facility					
Date <b>6-3-19</b>	Diagnosis and Description of Injury or Occupational Disease <b>pt had 2 heart attacks</b>		Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain)			
Hour <b>4:39</b>						
Treatment: <b>3 vessel coronary artery disease with stenting</b>			Have you advised the patient to remain off work five days or more? <input checked="" type="checkbox"/> Yes Indicate dates: from <b>5-27-19</b> to <b>6-12-19</b>			
X-Ray Findings: <b>COPD</b>			<input type="checkbox"/> No If no, is the injured employee capable of: <input type="checkbox"/> full duty <input type="checkbox"/> modified duty			
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If modified duty, specify any limitations/restrictions: <b>RECEIVED JUN 12 2019 CCMSI</b>			
Is additional medical care by a physician indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Explain if yes)						
Date <b>6-12-19</b>	Print Doctor's Name <b>DOST WATTOO</b>		I certify that the employer's copy of this form was mailed to the employer on:			
Address <b>6850 N. Durango Dr #312</b>			INSURER'S USE ONLY			
City <b>Las Vegas</b>	State <b>NV</b>	Zip <b>89149</b>	Provider's Tax I.D. Number <b>00-0161881</b>	Telephone <b>(702) 433-0022</b>		
Doctor's Signature <i>[Signature]</i>				Degree <b>MD</b>		

0170

SHM- Summerlin Hospital Medical Center  
657 Town Center Drive  
Las Vegas, NV 89144-6367

Patient: HOLLAND, ROBERT  
MRN: SHM4951015

Admit: 5/29/2019

Disch: 6/4/2019

Disch Time: 12:08 PDT

FIN: SHM0000016256695

DOB/Sex: 1/13/1960 / Male

Attending: Awaji, Obinna N MD

<b>Operative Record</b>
-------------------------

DOCUMENT NAME:  
SERVICE DATE/TIME:  
RESULT STATUS:  
PERFORM INFORMATION:  
SIGN INFORMATION:

Cardiac Cath Report  
6/3/2019 09:27 PDT  
Auth (Verified)  
Chaudhry, Khalid A MD (6/3/2019 09:39 PDT)  
Chaudhry, Khalid A MD (6/3/2019 09:39 PDT)

**CARDIAC CATHETERIZATION REPORT**

DATE OF PROCEDURE: 6/3/2019

OPERATOR:  
Khalid Chaudhry, MD

REFERRING PHYSICIAN:  
Dost Wattoo, MD

PROCEDURES PERFORMED:  
# Selective coronary angiography  
# Intravascular ultrasound of LAD using Volcano Eagle eye platinum catheter  
# PTCA and stent mid LAD with RESOLUTE ONYX 3.0 x 26 mm stent postdilated with noncompliant 3.25 followed by 3.5 mm balloon at high pressure  
# PTCA and stent of proximal LAD with RESOLUTE ONYX 4.0 x 18 mm stent postdilated with noncompliant 4.5 mm balloon at high pressure  
# PTCA of diagonal with 2.5 x 12 mm balloon

INDICATION:  
59-year-old gentleman with non-ST elevation

ACCESS AND CLOSURE:  
7 F sheath right radial artery  
Hemostasis achieved with TR band

ANTICOAGULATION:  
Aspirin. Heparin. Ticagrelor.

RENAL FUNCTION:  
Creatinine: 0.9 GFR greater than 60

CONTRAST USED:  
220 ml of Isovue

RADIATION:  
0.873 gy

SEDATION:

RECEIVED

JUN 12 2019

CCMSI ~ LVMPD

Medical Record

Print Date/Time 6/11/2019 13:33 PDT

Report Request ID: 411479472

Page 1 of 4

0171

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

<b>Operative Record</b>
-------------------------

Versed and Fentanyl IV - moderate sedation for 75 minutes, with continuous hemodynamic monitoring.

**METHOD:**

After written and verbal consent obtained, patient brought to the cardiac cath lab.

Right wrist prepped and draped in usual sterile manner and using micropuncture technique access obtained. Intravascular NTG and Heparin given per protocol

Catheters used: JR4. EBU 3.5

At the end of procedure, all catheters, wires and sheaths removed. Patient tolerated procedure well, no immediate complications.

**LEFT HEART HEMODYNAMICS:**

Aortic pressure (mmHg): 140/70

**VASCULAR ANATOMY:**

Left main is a large-caliber vessel and is widely patent. Bifurcates into left anterior descending and left circumflex artery.

Left anterior descending has proximal 75% lesion followed by another 99% subtotal lesion at the point of bifurcation with a diagonal.

Left circumflex is a large-caliber dominant vessel gives off 2 large obtuse marginal in the proximal and mid segment distally gives off a large PDA. There is a stent in the distal left circumflex that is widely open followed by a stent in the PDA that is widely open

**INTERVENTION DETAILS:**

Use heparin for anticoagulation and ACT maintained above 250.

After engaging the left main with a guide catheter, I advanced a pro-water wire into the LAD and a samurai wire into the diagonal. We then predilated the proximal LAD with a 3.0 x 15 mm scoring balloon and predilated the mid LAD with 2.5 x 10 mm scoring balloon. We used the same balloon to predilate the lesion of the ostial diagonal. Plan was to do provisional side branch stenting technique. After that we performed intravascular ultrasound to size the vessels and it showed distal vessel reference area for about 3.5 and proximal run 4.5 mm with concentric soft plaque, severe disease. After that we advanced our drug-eluting stent 3.0 x 26 mm and this was deployed in the mid LAD at nominal pressure and then postdilated initially with a 3.25 x 15 mm noncompliant balloon followed by 3.5 x 15 mm noncompliant balloon at high pressure. Multiple intracoronary nitroglycerin injections were used. It showed pinching of the ostium of diagonal with TIMI II flow. At this point I used a twin pass catheter and rewired the diagonal with a long samurai wire. Over this wire we predilated the struts of the stent with 2.5 x 12 mm balloon and then performed simultaneous kissing balloon inflation with a 3.25 x 15 mm balloon in the LAD stent and 2.5 x 12 mm balloon in the diagonal. After intracoronary nitroglycerin angiographic images showed ostial pinching TIMI-3 flow. We then diverted our attention to the proximal LAD lesion and deployed to 4.0 x 18 mm stent and this was postdilated with a noncompliant 4.5 x 15 mm balloon at high pressure. After intracoronary nitroglycerin, final angiographic images showed excellent stent deployment with 0% residual stenosis, TIMI-3 flow and no proximal or distal dissection. Patient was started on intravenous nitroglycerin for some chest discomfort and was transferred to recovery.

**CONCLUSION:**

Successful PCI of LAD and diagonal.

Patent stents in the left circumflex.

**PLAN:**

Dual antiplatelet treatment uninterrupted.

Risk factor modification

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JUN 12 2019

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Khalid Chaudhry, MD, FACC, FSCAI  
 Interventional Cardiology  
 Heart Center of Nevada

Electronically Signed By: Chaudhry, Khalid

On: 06.03.2019 09:39 PDT

Print Date/Time 6/11/2019 13:33 PDT

Medical Record

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

<i>Operative Record</i>
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DOCUMENT NAME:	Cardiac Cath Report
SERVICE DATE/TIME:	5/30/2019 08:50 PDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Chaudhry, Khalid A MD (5/30/2019 09:01 PDT)
SIGN INFORMATION:	Chaudhry, Khalid A MD (5/30/2019 09:01 PDT)

CARDIAC CATHETERIZATION REPORT

DATE OF PROCEDURE: 5/30/2019

OPERATOR:  
 Khalid Chaudhry, MD

REFERRING PHYSICIAN:  
 Dost Wattoo, MD  
 Obinna Awaji, MD

PROCEDURES PERFORMED:  
 # Selective coronary angiography  
 # PTCA and stent distal left circumflex with RESOLUTE ONYX 4.0 x 15 mm stent postdilated with noncompliant 4.0 mm balloon at high pressure  
 # PTCA and stent of left PDA with RESOLUTE ONYX 2.75 x 18 mm stent postdilated with noncompliant 2.75 mm balloon at high pressure

INDICATION:  
 59-year-old gentleman with non-ST elevation

ACCESS AND CLOSURE:  
 6 F sheath right radial artery  
 Hemostasis achieved with TR band

ANTICOAGULATION:  
 Aspirin. Heparin. Ticagrelor. Cangrelor

RENAL FUNCTION:  
 Creatinine: 0.9 GFR greater than 60

CONTRAST USED:  
 120 ml of Isovue

RADIATION:  
 1.7 Gy

SEDATION:  
 Versed and Fentanyl IV - moderate sedation for 60 minutes, with continuous hemodynamic monitoring.

METHOD:  
 After written and verbal consent obtained, patient brought to the cardiac cath lab.

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## SHM- Summerlin Hospital Medical Center

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 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

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<b>Operative Record</b>
-------------------------

Right wrist prepped and draped in usual sterile manner and using micropuncture technique access obtained. Intravascular NTG and Heparin given per protocol  
 Catheters used: JR4. EBU 3.5  
 At the end of procedure, all catheters, wires and sheaths removed. Patient tolerated procedure well, no immediate complications.

**LEFT HEART HEMODYNAMICS:**  
 Aortic pressure (mmHg): 140/70

**VASCULAR ANATOMY:**

Left main is a large-caliber vessel and is widely patent. Bifurcates into left anterior descending and left circumflex artery.

Left anterior descending has proximal 75% lesion followed by another 99% subtotal lesion at the point of bifurcation with a diagonal.

Left circumflex is a large-caliber dominant vessel gives off 2 large obtuse marginal in the proximal and mid segment distally gives off a large PDA. There is a subtotal 99% occlusion in the distal left circumflex and another 75% lesion in the left PDA. There is TIMI II flow distally.

Right coronary artery is a nondominant vessel and is patent with slow flow.

**INTERVENTION DETAILS:**

Use heparin for anticoagulation and ACT maintained above 250.

Patient was not on a second antiplatelet agent therefore Cangrelor IV was used.

After engaging the left main with a guide catheter, I advanced a pro-water wire distally into the left PDA and predilated the lesion with 2.5 x 12 mm balloon followed by 3.0 x 12 mm balloon with significant vessel recoil. I had to use the guidezilla for support and selective angiogram. After that we deployed a 4.0 x 15 mm stent at high pressure and then distal lesion was addressed with a 2.75 x 18 mm stent. We postdilated the distal stent with 2.75 x 12 mm noncompliant balloon at high pressure. The distal circumflex stent was postdilated with a noncompliant 4.0 x 12 mm balloon at high pressure. After multiple intracoronary injections of nitroglycerin, final angiographic images showed excellent stent deployment with 0% residual stenosis no proximal or distal dissection and TIMI-3 flow distally. Patient at this point was asymptomatic, hemodynamically stable and transferred to recovery.

**CONCLUSION:**

Two-vessel coronary artery disease as described above with successful PCI of left circumflex and PDA.

**PLAN:**

Staged PCI of LAD.

Khalid Chaudhry, MD, FACC, FSCAI  
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*On: 05.30.2019 09:01 PDT*

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SHM- Summerlin Hospital Medical Center  
657 Town Center Drive  
Las Vegas, NV 89144-6367

Patient: HOLLAND, ROBERT  
MRN: SHM4951015

Admit: 5/29/2019

Disch: 6/4/2019

Disch Time: 12:08 PDT

FIN: SHM0000016256695

DOB/Sex: 1/13/1960 / Male

Attending: Awaji, Obinna N MD

### History and Physical Reports

DOCUMENT NAME:

History &amp; Physical

SERVICE DATE/TIME:

5/29/2019 20:00 PDT

RESULT STATUS:

Auth (Verified)

PERFORM INFORMATION:

Torio, Nerissa S APRN (5/29/2019 23:24 PDT)

SIGN INFORMATION:

Awaji, Obinna N MD (5/30/2019 18:10 PDT); Torio, Nerissa S APRN (5/29/2019 23:24 PDT)

#### Chief Complaint/Reason for Consultation

CP since Sunday night into Monday. "flared up" again today. Contact Dr. Chaudry cardio at 702-769-2207

#### History of Present Illness

This patient is a 59-year-old male with past medical history of asthma, hypothyroidism and hypertension who was sent by Dr. Wattoo due to complaints of chest pain. Patient reports that he has been having chest pain since Sunday night and Tuesday he had made an appointment with Dr. Wattoo's clinic and upon seeing him he was advised to come to the ED right away. Patient describes a stress pain as pressure-like sensation which radiates to the left arm and left jaw, associated with shortness of breath and diaphoresis.

Patient was seen and evaluated by Dr. Chaudry in the ED.

Initial work-up in the ED, laboratory results remarkable for RBC 6.5, hemoglobin 18.0, hematocrit 56.9, initial troponin 16.520. Heparin drip was initiated in the ED. Patient's vital signs are stable. Initial EKG showed normal sinus rhythm, T waves changes in the inferior lateral leads, no acute ST changes.

On exam, patient is alert and oriented x4. He denies chest pain at this time. He denies any cardiac history aside from hypertension. Patient denies cigarette smoking, alcohol abuse or illicit drug use. At this time patient is hemodynamically stable he will be admitted to IMC.

#### Review of Systems

A 14 point review of systems performed is otherwise negative with exception what is mentioned in HPI.

#### Objective

#### Measurements (most recent)

No Data Available

#### Histories

##### Allergies

Allergies (Active and Proposed Allergies Only)

No Known Allergies (Severity: Unknown severity, Onset: Unknown)

#### Past Medical History

##### Active Problems (3)

Asthma

HTN (hypertension)

Kidney stones

#### Past Surgical History

discectomy

#### Social History

Alcohol

Details: Current

Substance Abuse

Details: Denies

Tobacco

Details: Denies

#### Family History

No family history recorded.

<u>Vital Signs (24 hrs)</u>	<u>Last Charted</u>	<u>Minimum</u>	<u>Maximum</u>
Temp	36.67 05/29/2019 14:49	36.67 05/29/2019 14:49	36.67 05/29/2019 14:49
Heart Rate	87 05/29/2019 21:09	74 05/29/2019 16:12	94 05/29/2019 20:09
Monitored			
Resp Rate	16 05/29/2019 21:09	16 05/29/2019 14:49	16 05/29/2019 14:49

#### Medications

##### Home Medications

fluticasone-salmeterol (Advair Diskus 100 mcg-50 mcg Inhalation powder) 1 Puffs Inhalation 2 Times a Day

#### Medical Record

Print Date/Time 6/11/2019 13:17 PDT

Report Request ID: 411473471

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## SHM- Summerlin Hospital Medical Center

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 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

## History and Physical Reports

SBP	H 145	05/29/2019	122	05/29/2019	H 145	05/29/2019
		21:09		16:12		21:09
DBP	85	05/29/2019	66	05/29/2019	88	05/29/2019
		21:09		17:33		16:12
MAP	109	05/29/2019	95	05/29/2019	109	05/29/2019
		21:09		17:33		21:09
SpO2	94	05/29/2019	94	05/29/2019	96	05/29/2019
		21:09		16:12		14:49
O2 Therapy	Room air		Room air			

Pain Scores (Last Within 24hrs)  
 Numeric Pain Scale: 0 = No pain (21:09)

Intake and Output (current encounter)

No Data Available

Precautions

No Precautions documented.

Physical ExamPhysical Exam

General: Alert, in no acute cardiopulmonary distress.  
 Mental Status: Oriented to person, place and time. Normal affect.  
 Head: Normocephalic.  
 Eyes: Pupils are equal, round and reactive to light. Extraocular muscles intact.  
 Ear, Nose and Throat: Oropharynx clear, mucous membranes moist. Ears and nose without masses, lesions or deformities. Trachea midline.  
 Neck: Supple, Full range of motion.  
 Respiratory: Clear to auscultation. No wheezing, rales or rhonchi.  
 Cardiovascular: Heart sounds normal. No thrills. Regular rate and rhythm, no murmurs, rubs or gallops.  
 Gastrointestinal: Abdomen soft, non-tender, non-distended. Normal bowel sounds. No pulsatile mass. No hepatosplenomegaly.  
 Genitourinary: No costovertebral angle tenderness.  
 Neurologic: Cranial nerves II-XII grossly intact. No focal neurological deficits. Moves all extremities spontaneously. Sensation intact bilaterally.  
 Skin: No rashes or lesions. No petechiae or purpura. No edema.  
 Musculoskeletal: No cyanosis or clubbing. No gross deformities. Normal range of motion.  
 Lymphatics: Palpation of neck reveals no swelling or tenderness of neck nodes.

Assessment/PlanDiagnoses

Non-ST elevation MI (NSTEMI) (I21.4)  
 Chest pain (R07.9)

Inpatient Medications

Active (11)  
 Scheduled: (5)  
 aspirin 81 mg Chew Tab 81 mg 1 Tabs, Oral, Daily  
 atorvastatin 20 mg Tab 40 mg 2 Tabs, Oral, qHS  
 carvedilol 3.125 mg Tab 3.125 mg 1 Tabs, Oral, BID With Meals  
 famotidine 20 mg Tab 20 mg 1 Tabs, Oral, BID  
 lisinopril 10 mg Tab 10 mg 1 Tabs, Oral, Daily  
 Continuous: (2)  
 heparin/D5W 25,000 units [1000 units/hr] + Premix D5W 250 mL 250 mL, IV, 10 mL/hr  
 Sodium Chloride 0.9% 1,000 mL 1,000 mL, IV, 75 mL/hr  
 PRN: (4)  
 acetaminophen 325 mg Tab 650 mg 2 Tabs, Oral, q6H  
 morphine 2 mg/mL Inj 1 mL PF 2 mg 1 mL, IV Push, q4H  
 nitroglycerin 0.4 mg sublingual Tab 0.4 mg 1 Tabs, Sublingual, q5Min Interval  
 ondansetron 4 mg/2 mL vial 4 mg 2 mL, IV Push, q6H

IV Titrations (24 hrs) Titration Rate

heparin 25,000 units	1000
[1000 units/hr] + Premix	units/h
D5W 250 mL	17:32

ResultsRecent Labs

## Cardiac

Troponin I	17.380 ng/mL (Critical)	05/29/2019 21:46
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## General Chemistry

Sodium	135 mmol/L (Low)	05/29/2019 15:18
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Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
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 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019

FIN: SHM0000016256695

**History and Physical Reports****Assessment:**

Chest pain (R07.9)

Non-ST elevation MI (NSTEMI) (I21.4)

**PLAN:**

- IMC status
- trend troponin
- heparin drip per protocol
- cards consulted-Dr. Chaudhry
- CP protocol
- BP monitoring and control
- resume home meds as appropriate
- NPO past midnight
- for angio in AM
- further recs/orders per attending

**Non-ST elevation MI (NSTEMI) (I21.4):**

- » ACEI or ARB for LVSD: ACEI has been ordered
- » Beta-Blocker Ordered: Beta-Blocker Ordered
- » Aspirin Ordered: Aspirin Ordered
- » Statin Ordered: Statin Ordered
- » Cardiac Rehabilitation Phase I: Inpatient Consultation Ordered

**VTE: SCD**

- » VTE Prophylaxis Assessment: Risk Level documented as Low Risk

**Discharge Planning:**

Potassium	4.6 mmol/L	05/29/2019 15:18
Chloride	105 mmol/L	05/29/2019 15:18
CO2	25 mmol/L	05/29/2019 15:18
Anion Gap	5 mmol/L	05/29/2019 15:18
Glucose Level	79 mg/dL	05/29/2019 15:18
BUN	17 mg/dL	05/29/2019 15:18
Creatinine	1.180 mg/dL	05/29/2019 15:18
BUN/Creat Ratio	14	05/29/2019 15:18
Calcium	9.2 mg/dL	05/29/2019 15:18
Mg Lvl	2.5 mg/dL (High)	05/29/2019 15:18
Estimated Creatinine Clearance	71.79 mL/min	05/29/2019 16:15
eGFR Non-African American	67 mL/min/1.73m 2	05/29/2019 15:18
eGFR African American	78 mL/min/1.73m 2	05/29/2019 15:18
eGFR Pediatric	Not Reported mL/min/1.73m 2	05/29/2019 15:18
Calc Osmo	271 mOsmol/kg (Low)	05/29/2019 15:18

**General Coagulation**

PT	10.9 Seconds	05/29/2019 15:18
INR	1.0	05/29/2019 15:18
PTT	30 Seconds	05/29/2019 15:18

**General Hematology**

WBC	10.03 x10e3/mcL	05/29/2019 15:18
RBC	6.50 x10e6/mcL (High)	05/29/2019 15:18

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SHM - Summerlin Hospital Medical Center

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 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

### History and Physical Reports

Hgb	18.0 gm/dL (High)	05/29/2019 15:18
Hct	56.9 % (High)	05/29/2019 15:18
MCV	87.5 Femtoliters	05/29/2019 15:18
MCH	27.7 pg	05/29/2019 15:18
MCHC	31.6 gm/dL	05/29/2019 15:18
RDW-CV	17.0 % (High)	05/29/2019 15:18
RDW-SD	51.3 Femtoliters (High)	05/29/2019 15:18
Plt	303 $\times 10^3/\text{mcL}$	05/29/2019 15:18
MPV	9.9 Femtoliters	05/29/2019 15:18
Neut % Auto	60.8 %	05/29/2019 15:18
Lymph % Auto	23.5 %	05/29/2019 15:18
Mono % Auto	10.4 %	05/29/2019 15:18
Eos % Auto	4.1 %	05/29/2019 15:18
Baso % Auto	0.8 %	05/29/2019 15:18
Immature Grans %	0.4 %	05/29/2019 15:18
Neut # Auto	6.10 $\times 10^3/\text{mcL}$	05/29/2019 15:18
Lymph # Auto	2.36 $\times 10^3/\text{mcL}$	05/29/2019 15:18
Mono # Auto	1.04 $\times 10^3/\text{mcL}$	05/29/2019 15:18
Eos # Auto	0.41 $\times 10^3/\text{mcL}$ (High)	05/29/2019 15:18
Baso # Auto	0.08 $\times 10^3/\text{mcL}$	05/29/2019 15:18
Immature Grans # Auto	0.04 $\times 10^3/\text{mcL}$	05/29/2019 15:18

#### Blood Glucose Trend

Glucose Level: 79 mg/dL (05/29/19 15:18:00)

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### History and Physical Reports

#### CBC (Last Within 24hrs)

WBC: 10.03 x10e3/mcL (15:18)  
 Hgb: 18 gm/dL High (15:18)  
 Hct: 56.9 % High (15:18)  
 Plt: 303 x10e3/mcL (15:18)

#### Differential (Last Within 24hrs)

- Automated -

Neut % Auto: 60.8 % (15:18)  
 Lymph % Auto: 23.5 % (15:18)  
 Mono % Auto: 10.4 % (15:18)  
 Eos % Auto: 4.1 % (15:18)  
 Baso % Auto: 0.8 % (15:18)  
 Immature Grans %: 0.4 % (15:18)  
 Neut # Auto: 6.1 x10e3/mcL (15:18)  
 Lymph # Auto: 2.36 x10e3/mcL (15:18)  
 Mono # Auto: 1.04 x10e3/mcL (15:18)  
 Baso # Auto: 0.08 x10e3/mcL (15:18)  
 Immature Grans # Auto: 0.04 x10e3/mcL (15:18)

#### BMP, Mg, and Phos (Last Within 24hrs)

Sodium: 135 mmol/L Low (15:18)  
 Potassium: 4.6 mmol/L (15:18)  
 Chloride: 105 mmol/L (15:18)  
 CO2: 25 mmol/L (15:18)  
 BUN: 17 mg/dL (15:18)  
 Creatinine: 1.18 mg/dL (15:18)  
 Glucose Level: 79 mg/dL (15:18)  
 Calcium: 9.2 mg/dL (15:18)  
 Mg Lvl: 2.5 mg/dL High (15:18)

#### Coagulation Profile (Last Within 24hrs)

INR: 1 (15:18)  
 PT: 10.9 Seconds (15:18)  
 PTT: 30 Seconds (15:18)

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#### Cardiology Labs

Troponin I: 17.38 ng/mL Critical (05/29/19 21:46:00)  
 Troponin I: 17.55 ng/mL Critical (05/29/19 19:14:00)  
 Troponin I: 16.52 ng/mL Critical (05/29/19 15:18:00)

0179

SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
MRN: SHM4951015  
DOB/Sex: 1/13/1960 / Male  
Attending: Awaji, Obinna N MD

Admit: 5/29/2019

Disch: 6/4/2019

FIN: SHM0000016256695

<i>History and Physical Reports</i>
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*Electronically Signed By: Torio, Nerissa  
On: 05.29.2019 23:24 PDT*

*Electronically Signed On: 05.30.2019 18:10 PDT  
Awaji, Obinna*

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Medical Record

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019

Disch: 6/4/2019

FIN: SHM0000016256695

## Hematology

## General Hematology

Collected Date	5/29/2019	5/30/2019	5/30/2019	5/31/2019		
Collected Time	15:18 PDT	03:51 PDT	05:43 PDT	04:15 PDT		
Procedure					Units	Reference Range
WBC	10.03 <sup>U</sup>	9.48 <sup>O1</sup>	9.86 <sup>U</sup>	10.41 <sup>U</sup>	x10e3/mcL	[3.18-12.74]
RBC	6.50 <sup>H</sup>	6.11 <sup>H O1</sup>	6.09 <sup>H</sup>	6.06 <sup>H</sup>	x10e6/mcL	[4.08-5.80]
Hgb	18.0 <sup>H</sup>	17.0 <sup>O1</sup>	16.6 <sup>U</sup>	16.6 <sup>U</sup>	gm/dL	[12.3-17.2]
Hct	56.9 <sup>H</sup>	53.1 <sup>H O1</sup>	53.9 <sup>H</sup>	52.8 <sup>H</sup>	%	[37.0-52.0]
MCV	87.5 <sup>U</sup>	86.9 <sup>O1</sup>	88.5 <sup>U</sup>	87.1 <sup>U</sup>	Femtoliters	[83.0-97.0]
MCH	27.7 <sup>U</sup>	27.8 <sup>O1</sup>	27.3 <sup>U</sup>	27.4 <sup>U</sup>	pg	[27.3-32.4]
MCHC	31.6 <sup>U</sup>	32.0 <sup>O1</sup>	30.8 <sup>L</sup>	31.4 <sup>U</sup>	gm/dL	[31.3-35.1]
RDW-CV	17.0 <sup>H</sup>	16.4 <sup>H O1</sup>	17.2 <sup>H</sup>	16.1 <sup>H</sup>	%	[11.4-14.7]
RDW-SD	51.3 <sup>H</sup>	50.7 <sup>O1</sup>	51.8 <sup>H</sup>	50.4 <sup>U</sup>	Femtoliters	[35.3-50.7]
Plt	303 <sup>U</sup>	305 <sup>O1</sup>	285 <sup>U</sup>	288 <sup>U</sup>	x10e3/mcL	[140-400]
MPV	9.9 <sup>U</sup>	10.2 <sup>O1</sup>	10.0 <sup>U</sup>	9.5 <sup>U</sup>	Femtoliters	[7.2-12.6]
Neut % Auto	60.8 <sup>U</sup>	55.1 <sup>U</sup>	51.2 <sup>U</sup>	60.0 <sup>U</sup>	%	
Lymph % Auto	23.5 <sup>U</sup>	30.9 <sup>U</sup>	33.9 <sup>U</sup>	24.2 <sup>U</sup>	%	
Mono % Auto	10.4 <sup>U</sup>	8.5 <sup>U</sup>	8.7 <sup>U</sup>	10.1 <sup>U</sup>	%	
Eos % Auto	4.1 <sup>U</sup>	4.5 <sup>U</sup>	5.1 <sup>U</sup>	4.8 <sup>U</sup>	%	
Baso % Auto	0.8 <sup>U</sup>	0.8 <sup>U</sup>	0.8 <sup>U</sup>	0.6 <sup>U</sup>	%	
Immature Grans %	0.4 <sup>U</sup>	0.2 <sup>U</sup>	0.3 <sup>U</sup>	0.3 <sup>U</sup>	%	[0.0-0.8]
Neut # Auto	6.10 <sup>U</sup>	5.21 <sup>U</sup>	5.05 <sup>U</sup>	6.25 <sup>U</sup>	x10e3/mcL	[0.90-8.70]
Lymph # Auto	2.36 <sup>U</sup>	2.93 <sup>U</sup>	3.34 <sup>U</sup>	2.52 <sup>U</sup>	x10e3/mcL	[0.70-3.80]
Mono # Auto	1.04 <sup>U</sup>	0.81 <sup>U</sup>	0.86 <sup>U</sup>	1.05 <sup>U</sup>	x10e3/mcL	[0.10-1.10]
Eos # Auto	0.41 <sup>H</sup>	0.43 <sup>H</sup>	0.50 <sup>H</sup>	0.50 <sup>H</sup>	x10e3/mcL	[0.00-0.40]
Baso # Auto	0.08 <sup>U</sup>	0.08 <sup>U</sup>	0.08 <sup>U</sup>	0.06 <sup>U</sup>	x10e3/mcL	[0.00-0.10]
Immature Grans # Auto	0.04 <sup>U</sup>	0.02 <sup>U</sup>	0.03 <sup>U</sup>	0.03 <sup>U</sup>	x10e3/mcL	[0.00-0.07]

Collected Date	6/1/2019	6/2/2019	6/3/2019	6/4/2019		
Collected Time	06:45 PDT	05:21 PDT	04:10 PDT	04:38 PDT		
Procedure					Units	Reference Range
WBC	10.26 <sup>U</sup>	10.60 <sup>U</sup>	11.00 <sup>U</sup>	11.78 <sup>U</sup>	x10e3/mcL	[3.18-12.74]
RBC	6.50 <sup>H</sup>	6.41 <sup>H</sup>	6.51 <sup>H</sup>	6.23 <sup>H</sup>	x10e6/mcL	[4.08-5.80]
Hgb	17.9 <sup>H</sup>	17.5 <sup>H</sup>	17.9 <sup>H</sup>	17.0 <sup>U</sup>	gm/dL	[12.3-17.2]
Hct	56.8 <sup>H</sup>	56.4 <sup>H</sup>	56.3 <sup>H</sup>	53.7 <sup>H</sup>	%	[37.0-52.0]
MCV	87.4 <sup>U</sup>	88.0 <sup>U</sup>	86.5 <sup>U</sup>	86.2 <sup>U</sup>	Femtoliters	[83.0-97.0]
MCH	27.5 <sup>U</sup>	27.3 <sup>U</sup>	27.5 <sup>U</sup>	27.3 <sup>U</sup>	pg	[27.3-32.4]
MCHC	31.5 <sup>U</sup>	31.0 <sup>L</sup>	31.8 <sup>U</sup>	31.7 <sup>U</sup>	gm/dL	[31.3-35.1]
RDW-CV	17.1 <sup>H</sup>	17.2 <sup>H</sup>	16.8 <sup>H</sup>	17.2 <sup>H</sup>	%	[11.4-14.7]
RDW-SD	50.6 <sup>U</sup>	50.9 <sup>H</sup>	49.2 <sup>U</sup>	49.2 <sup>U</sup>	Femtoliters	[35.3-50.7]
Plt	309 <sup>U</sup>	309 <sup>U</sup>	301 <sup>U</sup>	312 <sup>U</sup>	x10e3/mcL	[140-400]
MPV	9.5 <sup>U</sup>	9.6 <sup>U</sup>	9.4 <sup>U</sup>	9.7 <sup>U</sup>	Femtoliters	[7.2-12.6]
Neut % Auto	61.8 <sup>U</sup>	59.6 <sup>U</sup>	62.7 <sup>U</sup>	66.2 <sup>U</sup>	%	
Lymph % Auto	21.9 <sup>U</sup>	23.3 <sup>U</sup>	22.2 <sup>U</sup>	18.5 <sup>U</sup>	%	

Print Date/Time 6/11/2019 13:17 PDT

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## SHM - Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

## Hematology

## General Hematology

Collected Date	6/1/2019	6/2/2019	6/3/2019	6/4/2019		
Collected Time	08:45 PDT	05:21 PDT	04:10 PDT	04:38 PDT		
Procedure					Units	Reference Range
Mono % Auto	9.3 <sup>1</sup>	9.1 <sup>1</sup>	7.5 <sup>1</sup>	9.3 <sup>1</sup>	%	
Eos % Auto	5.9 <sup>1</sup>	6.8 <sup>1</sup>	6.4 <sup>1</sup>	4.8 <sup>1</sup>	%	
Baso % Auto	0.8 <sup>1</sup>	0.9 <sup>1</sup>	0.8 <sup>1</sup>	0.9 <sup>1</sup>	%	
Immature Grans %	0.3 <sup>1</sup>	0.3 <sup>1</sup>	0.4 <sup>1</sup>	0.3 <sup>1</sup>	%	[0.0-0.8]
Neut # Auto	6.34 <sup>1</sup>	6.32 <sup>1</sup>	6.90 <sup>1</sup>	7.79 <sup>1</sup>	x10e3/mcL	[0.90-8.70]
Lymph # Auto	2.25 <sup>1</sup>	2.47 <sup>1</sup>	2.44 <sup>1</sup>	2.18 <sup>1</sup>	x10e3/mcL	[0.70-3.80]
Mono # Auto	0.95 <sup>1</sup>	0.96 <sup>1</sup>	0.83 <sup>1</sup>	1.10 <sup>1</sup>	x10e3/mcL	[0.10-1.10]
Eos # Auto	0.61 <sup>1</sup>	0.72 <sup>1</sup>	0.70 <sup>1</sup>	0.57 <sup>1</sup>	x10e3/mcL	[0.00-0.40]
Baso # Auto	0.08 <sup>1</sup>	0.10 <sup>1</sup>	0.09 <sup>1</sup>	0.11 <sup>1</sup>	x10e3/mcL	[0.00-0.10]
Immature Grans # Auto	0.03 <sup>1</sup>	0.03 <sup>1</sup>	0.04 <sup>1</sup>	0.03 <sup>1</sup>	x10e3/mcL	[0.00-0.07]

## Order Comments

O1: CBC with Diff  
 While on Heparin Infusion

## Interpretive Data

i1: Immature Grans %  
 "Immature Grans" represents an automated measurement of metamyelocytes, myelocytes and promyelocytes. Bands are considered mature granulocytes by the Sysmex analyzer and are included in the automated neutrophil count.

## Performing Locations

\*1: This test was performed at:  
 SHM Lab, Medical Director: Nicole Hubbard, MD, Summerlin Medical Center Laboratory, 657 Town Center Drive,  
 Las Vegas, NV, 89144-6367

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0182

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

## Coagulation

## General Coagulation

Collected Date	5/29/2019	5/29/2019	5/30/2019	5/30/2019	
Collected Time	15:18 PDT	23:26 PDT	03:51 PDT	05:43 PDT	
Procedure					Units Reference Range
PT	10.9 <sup>11</sup>	-	10.9 <sup>11</sup>	-	Seconds [9.5-12.0]
INR	1.0 <sup>11</sup>	-	1.0 <sup>11</sup>	-	[0.9-1.1]
PTT	30 <sup>12</sup>	32 <sup>01 12</sup>	34 <sup>11 12</sup>	64 <sup>11 02 12</sup>	Seconds [22-32]

## Order Comments

- O1: PTT  
 every 6 hours or 6 hours after each change, until 2 consecutive therapeutic PTT's, then daily if therapeutic
- O2: PTT  
 every 6 hours or 6 hours after each change, until 2 consecutive therapeutic PTT's, then daily if therapeutic

## Interpretive Data

- i1: INR  
 Optimal therapeutic INR Range:  
 For patients treated with Vitamin K Antagonists (VKA) a therapeutic range of 2.0 - 3.0  
 (Target INR 2.5) is recommended.  
 For therapeutic range in high risk groups and other dosing recommendations see CHEST 2012;  
 141 (2) (Suppl 1):7s-47s.
- i2: PTT  
 An aPTT value of between 43 - 68 seconds correlates to the heparin therapeutic range of 0.3 -  
 0.7 IU/mL.  
 If no coagulation detected, the result may be due to heparin effect. Clinical correlation is  
 recommended.

## Performing Locations

- \*1: This test was performed at:  
 SHM Lab, Medical Director: Nicole Hubbard, MD, Summerlin Medical Center Laboratory, 657 Town Center Drive,  
 Las Vegas, NV, 89144-6367

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019

Disch: 6/4/2019

FIN: SHM0000016256695

## Chemistry

## General Chemistry

Procedure	Collected Date Collected Time	5/29/2019 15:18 PDT	5/29/2019 16:15 PDT	Units	Reference Range
Sodium		135 <sup>L</sup>	-	mmol/L	[136-145]
Potassium		4.6 <sup>H</sup>	-	mmol/L	[3.5-5.1]
Chloride		105 <sup>H</sup>	-	mmol/L	[98-107]
CO2		25 <sup>H</sup>	-	mmol/L	[21-32]
Anion Gap		5 <sup>H</sup>	-	mmol/L	[5-17]
Glucose Level		79 <sup>H</sup>	-	mg/dL	[74-106]
BUN		17 <sup>H</sup>	-	mg/dL	[7-18]
Creatinine		1.180 <sup>H</sup>	-	mg/dL	[0.700-1.300]
BUN/Creat Ratio		14 <sup>H</sup>	-		[6-22]
Calcium		9.2 <sup>H</sup>	-	mg/dL	[8.5-10.1]
Mg Lvl		2.5 <sup>H</sup>	-	mg/dL	[1.8-2.4]
Estimated Creatinine Clearance		-	71.79	mL/min	
eGFR Non-African American		67 <sup>H</sup>	-	mL/min/1.73m2	[>=60]
eGFR African American		78 <sup>H</sup>	-	mL/min/1.73m2	[>=60]
eGFR Pediatric		Not Reported <sup>R1</sup>	-	mL/min/1.73m2	[>=75]
Calc Osmo		271 <sup>L</sup>	-	mOsmol/kg	[275-295]

## Result Comments

R1: eGFR Pediatric

Not reported for adult patients ( &gt; 18 years old ).

Procedure	Collected Date Collected Time	5/30/2019 03:51 PDT	5/30/2019 03:51 PDT	Units	Reference Range
Sodium		139	139	mmol/L	[136-145]
Potassium		4.0	4.0	mmol/L	[3.5-5.1]
Chloride		109 <sup>H</sup>	109 <sup>H</sup>	mmol/L	[98-107]
CO2		23	23	mmol/L	[21-32]
Anion Gap		7	7	mmol/L	[5-17]
Glucose Level		112 <sup>H</sup>	112 <sup>H</sup>	mg/dL	[74-106]
BUN		17	17	mg/dL	[7-18]
Creatinine		1.090 <sup>H</sup>	1.090 <sup>H</sup>	mg/dL	[0.700-1.300]
BUN/Creat Ratio		16	16		[6-22]
Calcium		8.6	8.6	mg/dL	[8.5-10.1]
Albumin Level		3.3 <sup>L</sup>	3.3 <sup>L</sup>	gm/dL	[3.4-5.0]
TP		6.7	6.7	gm/dL	[6.4-8.2]
A/G Ratio		1.0	1.0		[0.8-2.0]
T Bill		0.3	0.3	mg/dL	[0.2-1.0]
Alk Phos		67 <sup>H</sup>	67 <sup>H</sup>	units/L	[46-116]
AST		42 <sup>H</sup>	42 <sup>H</sup>	units/L	[15-37]
ALT		47 <sup>H</sup>	47 <sup>H</sup>	units/L	[16-61]

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019

Disch: 6/4/2019

FIN: SHM0000016256695

## Chemistry

## General Chemistry

Procedure	Collected Date 5/30/2019 Collected Time 03:51 PDT	5/30/2019 03:51 PDT	Units	Reference Range
eGFR Non-African American	74 <sup>M</sup>	74 <sup>M</sup>	mL/min/1.73m2	[>=60]
eGFR African American	86 <sup>M</sup>	86 <sup>M</sup>	mL/min/1.73m2	[>=60]
eGFR Pediatric	Not Reported <sup>R1</sup>	Not Reported <sup>R1</sup>	mL/min/1.73m2	[>=75]
Calc Osmo	280	280	mOsmol/kg	[275-295]

## Result Comments

R1: eGFR Pediatric

Not reported for adult patients ( &gt; 18 years old ).

Procedure	Collected Date 5/30/2019 Collected Time 03:51 PDT	5/30/2019 03:51 PDT	5/30/2019 05:19 PDT	Units	Reference Range
Albumin Level	3.3 <sup>L</sup>	3.3 <sup>L</sup>	-	gm/dL	[3.4-5.0]
TP	6.7	6.7	-	gm/dL	[6.4-8.2]
A/G Ratio	1.0	1.0	-		[0.8-2.0]
T Bili	0.3	0.3	-	mg/dL	[0.2-1.0]
D Bili	<0.10	<0.10	-	mg/dL	[0.00-0.20]
Alk Phos	67 <sup>M</sup>	67 <sup>M</sup>	-	units/L	[46-116]
AST	42 <sup>H</sup>	42 <sup>H</sup>	-	units/L	[15-37]
ALT	47 <sup>H</sup>	47 <sup>H</sup>	-	units/L	[16-61]
Estimated Creatinine Clearance	-	-	77.72	mL/min	

Procedure	Collected Date 5/30/2019 Collected Time 05:43 PDT	5/31/2019 04:15 PDT	Units	Reference Range
Sodium	-	138	mmol/L	[136-145]
Potassium	-	4.0	mmol/L	[3.5-5.1]
Chloride	-	109 <sup>H</sup>	mmol/L	[98-107]
CO2	-	23	mmol/L	[21-32]
Anion Gap	-	6	mmol/L	[5-17]
Glucose Level	-	101 <sup>H</sup>	mg/dL	[74-106]
BUN	-	13	mg/dL	[7-18]
Creatinine	-	1.030 <sup>12</sup>	mg/dL	[0.700-1.300]
BUN/Creat Ratio	-	13		[6-22]
Calcium	-	8.6	mg/dL	[8.5-10.1]
eGFR Non-African American	-	79 <sup>M</sup>	mL/min/1.73m2	[>=60]
eGFR African American	-	92 <sup>M</sup>	mL/min/1.73m2	[>=60]
eGFR Pediatric	-	Not Reported <sup>R1</sup>	mL/min/1.73m2	[>=75]
Calc Osmo	-	276	mOsmol/kg	[275-295]
Hgb A1C	5.6 <sup>15</sup>	-	%	[4.5-6.2]

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0185

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

## Chemistry

## General Chemistry

## Result Comments

R1: eGFR Pediatric  
 Not reported for adult patients ( > 18 years old ).

Collected Date: 5/31/2019		6/1/2019		
Collected Time: 05:15 PDT		05:45 PDT		
Procedure			Units	Reference Range
Sodium	-	135 <sup>L<sup>11</sup></sup>	mmol/L	[136-145]
Potassium	-	4.1 <sup>11</sup>	mmol/L	[3.5-5.1]
Chloride	-	107 <sup>11</sup>	mmol/L	[98-107]
CO2	-	23 <sup>11</sup>	mmol/L	[21-32]
Anion Gap	-	5 <sup>11</sup>	mmol/L	[5-17]
Glucose Level	-	93 <sup>11<sup>11</sup></sup>	mg/dL	[74-106]
BUN	-	10 <sup>11</sup>	mg/dL	[7-18]
Creatinine	-	1.040 <sup>12<sup>11</sup></sup>	mg/dL	[0.700-1.300]
BUN/Creat Ratio	-	10 <sup>11</sup>		[6-22]
Calcium	-	9.5 <sup>11</sup>	mg/dL	[8.5-10.1]
Estimated Creatinine Clearance	82.25	-	mL/min	
eGFR Non-African American	-	78 <sup>14<sup>11</sup></sup>	mL/min/1.73m2	[>=60]
eGFR African American	-	91 <sup>11</sup>	mL/min/1.73m2	[>=60]
eGFR Pediatric	-	Not Reported <sup>R1<sup>11</sup></sup>	mL/min/1.73m2	[>=75]
Calc Osmo	-	269 <sup>L<sup>11</sup></sup>	mOsmol/kg	[275-295]

## Result Comments

R1: eGFR Pediatric  
 Not reported for adult patients ( > 18 years old ).

Collected Date: 6/1/2019		6/2/2019		6/2/2019	
Collected Time: 07:53 PDT		08:21 PDT		06:50 PDT	
Procedure				Units	Reference Range
Sodium	-	135 <sup>L</sup> <sup>11</sup>	-	mmol/L	[136-145]
Potassium	-	4.0 <sup>11</sup>	-	mmol/L	[3.5-5.1]
Chloride	-	106 <sup>11</sup>	-	mmol/L	[98-107]
CO2	-	25 <sup>11</sup>	-	mmol/L	[21-32]
Anion Gap	-	4 <sup>L</sup> <sup>11</sup>	-	mmol/L	[5-17]
Glucose Level	-	93 <sup>11</sup> <sup>11</sup>	-	mg/dL	[74-106]
BUN	-	12 <sup>11</sup>	-	mg/dL	[7-18]
Creatinine	-	1.050 <sup>12</sup> <sup>11</sup>	-	mg/dL	[0.700-1.300]
BUN/Creat Ratio	-	11 <sup>11</sup>	-		[6-22]
Calcium	-	9.0 <sup>11</sup>	-	mg/dL	[8.5-10.1]
Estimated Creatinine Clearance	81.45	-	80.68	mL/min	
eGFR Non-African American	-	77 <sup>14</sup> <sup>11</sup>	-	mL/min/1.73m2	[>=60]
eGFR African American	-	90 <sup>11</sup>	-	mL/min/1.73m2	[>=60]
eGFR Pediatric	-	Not Reported <sup>R1</sup> <sup>11</sup>	-	mL/min/1.73m2	[>=75]
Calc Osmo	-	270 <sup>L</sup> <sup>11</sup>	-	mOsm/kg	[275-295]

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0186

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019

FIN: SHM0000016256695

## Chemistry

## General Chemistry

## Result Comments

R1: eGFR Pediatric

Not reported for adult patients ( &gt; 18 years old ).

Procedure	Collected Date Collected Time	6/3/2019 04:10 PDT	6/3/2019 06:05 PDT	Units	Reference Range
Sodium		134 <sup>L</sup>	-	mmol/L	[136-145]
Potassium		4.1 <sup>L</sup>	-	mmol/L	[3.5-5.1]
Chloride		106 <sup>L</sup>	-	mmol/L	[98-107]
CO2		23 <sup>L</sup>	-	mmol/L	[21-32]
Anion Gap		5 <sup>L</sup>	-	mmol/L	[5-17]
Glucose Level		84 <sup>L</sup>	-	mg/dL	[74-106]
BUN		12 <sup>L</sup>	-	mg/dL	[7-18]
Creatinine		1.070 <sup>2</sup>	-	mg/dL	[0.700-1.300]
BUN/Creat Ratio		11 <sup>L</sup>	-		[6-22]
Calcium		9.0 <sup>L</sup>	-	mg/dL	[8.5-10.1]
Estimated Creatinine Clearance		-	79.17	mL/min	
eGFR Non-African American		76 <sup>L</sup>	-	mL/min/1.73m2	[>=60]
eGFR African American		88 <sup>L</sup>	-	mL/min/1.73m2	[>=60]
eGFR Pediatric		Not Reported <sup>R1</sup>	-	mL/min/1.73m2	[>=75]
Calc Osmo		267 <sup>L</sup>	-	mOsm/kg	[275-295]

## Result Comments

R1: eGFR Pediatric

Not reported for adult patients ( &gt; 18 years old ).

Procedure	Collected Date Collected Time	6/4/2019 04:38 PDT	6/4/2019 06:08 PDT	Units	Reference Range
Sodium		137	-	mmol/L	[136-145]
Potassium		4.1	-	mmol/L	[3.5-5.1]
Chloride		107	-	mmol/L	[98-107]
CO2		23	-	mmol/L	[21-32]
Anion Gap		7	-	mmol/L	[5-17]
Glucose Level		87 <sup>L</sup>	-	mg/dL	[74-106]
BUN		10	-	mg/dL	[7-18]
Creatinine		1.030 <sup>2</sup>	-	mg/dL	[0.700-1.300]
BUN/Creat Ratio		10	-		[6-22]
Calcium		8.7	-	mg/dL	[8.5-10.1]
Estimated Creatinine Clearance		-	82.25	mL/min	
eGFR Non-African American		79 <sup>L</sup>	-	mL/min/1.73m2	[>=60]
eGFR African American		92 <sup>L</sup>	-	mL/min/1.73m2	[>=60]
eGFR Pediatric		Not Reported <sup>R1</sup>	-	mL/min/1.73m2	[>=75]
Calc Osmo		272 <sup>L</sup>	-	mOsm/kg	[275-295]

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019

Disch: 6/4/2019

FIN: - SHM0000016256695

## Chemistry

## General Chemistry

## Result Comments

R1: eGFR Pediatric  
 Not reported for adult patients ( > 18 years old ).

## Interpretive Data

- i1: ALT, AST, Glucose Level  
 Sample collection should occur prior to sulfasalazine administration due to the potential for falsely depressed results.
- i2: Creatinine  
 Where applicable, the pediatric reference ranges are based on the Canadian Laboratory Initiative on Paediatric Reference Intervals Database and have not been independently verified by the laboratory.
- i3: Alk Phos  
 Normal Alkaline Phosphatase results vary greatly by age and sex. Levels are generally higher in children and adolescents due to physiologic osteoblastic activity. Levels are also higher in pregnancy due to placentally derived alkaline phosphatase. Normal levels can also be up to 50% higher in women after age 40. Clinical correlation is needed.
- i4: eGFR Non-African American  
 The eGFR CKD-EPI calculation is not recommended for use in patients < 18 years of age, or in individuals with unstable creatinine concentrations (e.g. pregnancy, acute renal failure, serious co-morbid conditions, malnutrition, neuromuscular diseases, etc.) or in patients with extremes of muscle mass (frail, bodybuilders, obese).
- eGFR reference range:  $\geq 60$  mL/min/1.73m<sup>2</sup>
- i5: Hgb A1C  
 "Any cause of shortened red cell survival will reduce the exposure of red cells to glucose with a consequent decrease in HbA1c values, e.g. hemolytic anemia or other hemolytic diseases, pregnancy, recent significant blood loss, etc. Results of HbA1c are not reliable in patients with chronic blood loss and consequent variable erythrocyte lifespan."

## Cardiac

Collected Date	5/29/2019	5/29/2019	5/29/2019	5/29/2019		
Collected Time	15:18 PDT	19:14 PDT	21:43 PDT	23:26 PDT		
Procedure					Units	Reference Range
Troponin I	16.520 CR2.6 <sup>1</sup>	17.550 CR3.6 <sup>1</sup>	17.380 CR4.6	17.410 CR5.6 <sup>1</sup>	ng/mL	[0.000-0.045]

## Result Comments

- R2: Troponin I  
 Critical result called by harriet endaya on 16:21:18 05/29/2019 read back by rn preet kaur.
- R3: Troponin I  
 Critical result called by Dave Ceniza on 20:04:17 05/29/2019 read back by RN Matt Aborojas
- R4: Troponin I  
 Critical result called by Dave Ceniza on 22:40:03 05/29/2019 read back by RN Barnes
- R5: Troponin I  
 Critical result called by Dave Ceniza on 00:47:04 05/30/2019 read back by RN Kenny Hwang

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
MRN: SHM4951015  
DOB/Sex: 1/13/1960 / Male  
Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
Disch: 6/4/2019  
FIN: SHM0000016256695

**Imaging**

PROCEDURE  
CT Head or Brain w/o Contrast

EXAM DATE/TIME  
5/30/2019 10:10 PDT

**Report**

CT BRAIN WITHOUT CONTRAST

HISTORY: Altered Awareness

COMPARISON: None.

TECHNIQUE: Thin section axial CT images were obtained from the vertex of the skull to the foramen magnum without contrast. In accordance with CT protocols and the ALARA principle, radiation dose reduction techniques were utilized for this examination. All images were reviewed and interpreted.

CONTRAST: None.

**FINDINGS:**

The patient has had previous IV contrast and the study is basically a contrast-enhanced head CT.

This significantly limits evaluation for subtle hemorrhage.

Normal cerebral hemispheres. Normal cerebellum and brainstem. No hydrocephalus. Normal ventricles, sulci, and basilar cisterns. No intracranial hemorrhage. No intracranial edema. No mass effect. There is opacification of multiple ethmoid air cells. Mucous retention cyst is seen within the left maxillary sinus. Normal calvarium and skull base. No hypodense or hyperdense intracranial lesions. No evidence of acute infarct, mass, hemorrhage.

**IMPRESSION:**

Normal CT of the brain without contrast.

Chronic sinusitis

Critical value was reported to the patient's nurse, Brittany by Steven Topham on 5/30/2019 10:22 AM PDT.

Dictated By: STEVEN TOPHAM MD

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0189

## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

<b>Imaging</b>
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**Report**

\*\*\*\*\* Final \*\*\*\*\*

Dictated by: Topham MD, Steven L	Dictated DT/TM: 05/30/2019 10:28 am	
Transcribed By: SLT	Transcribed DT/TM: 05/30/19 10:25:51	
Electronically Signed by: Topham MD, Steven L	Signed DT/TM: 05/30/2019 10:28 am	

**PROCEDURE**

CT Angio Head/Neck w/Contr Incl w/o Imag

**EXAM DATE/TIME**

5/31/2019 12:02 PDT

**Report**

CTA HEAD AND NECK WITH CONTRAST

HISTORY: Arterial Disease

COMPARISON: None.

TECHNIQUE: Initially, thin section noncontrast images through portions of the aortic arch were obtained for the purpose of establishing proper bolus timing of contrast. Subsequently, thin section axial CT images were obtained from the aortic arch to the mid calvarium following administration of nonionic iodinated contrast. To optimally assess the intracranial and neck vasculature, the original axial data was used to create 3D volume-rendered, multiplanar reformatted and/or maximum intensity projection images in various planes. The axial and reformatted data were reviewed for this report. In accordance with CT protocols and the ALARA principal, radiation dose reduction techniques were utilized for this examination. Stenoses are reported as diameter stenoses. Internal carotid stenoses are determined by comparing to the normal, more distal internal carotid as per NASCET criteria.

CONTRAST: 100 ml Isovue 370 intravenously from a single use vial. 0 mL discarded.

**FINDINGS:**

Normal aortic arch.

The right innominate artery, subclavian artery, vertebral artery, common carotid artery, internal carotid artery and external carotid artery are patent without plaque or stenosis. The left common carotid artery, internal carotid artery, external carotid artery, vertebral artery, and subclavian artery are patent without plaque or stenosis. No plaque or stenosis in

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SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

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<i>Imaging</i>
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**Report**

either  
 carotid bifurcation.

Intracranially the intracranial internal carotid arteries are unremarkable. These branch normally into the anterior and middle cerebral arteries. The right A1 segment is somewhat hypoplastic. The anterior cerebral arteries are within normal limits. The left middle cerebral artery is unremarkable. There is mild irregularity at several right M2 branches however there is not definite occlusion. No aneurysms are seen.

The vertebrobasilar system is unremarkable. Both posterior cerebral arteries are visualized. There is a patent right posterior communicating artery.

Nonvascular: Mucoperiosteal thickening is seen throughout the ethmoid air cells as well as the left maxillary sinus.

Limited images through the neck are within normal limits.

The lung apices are within normal limits.

**IMPRESSION:**

1. Unremarkable CTA of the neck
2. Mild irregularity of several M2 branches on the right without occlusion
3. Chronic sinusitis

Dictated By: STEVEN TOPHAM MD

\*\*\*\* Final \*\*\*\*

Dictated by: Topham MD, Steven L  
 Transcribed By: SLT Transcribed by: SLT  
 Electronically Signed by: Topham MD, Steven L

Dictated DT/TM: 05/31/2019 2:14 pm  
 Transcribed DT/TM: 05/31/19 14:12:13  
 Signed DT/TM: 05/31/2019 2:14 pm

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SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

<b>Imaging</b>
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PROCEDURE  
 XR Chest 1 View Frontal

EXAM DATE/TIME  
 5/29/2019 15:18 PDT

**Report**  
 XR CHEST 1 VIEW

TECHNIQUE: Chest, 1 view.

HISTORY: Chest Pain

COMPARISON: None.

FINDINGS:  
 Bilateral interstitial prominence.  
 No focal consolidation, effusion or pneumothorax.  
 Cardiac silhouette normal.  
 Normal mediastinal contour.  
 Osseous structures unremarkable.

Visualized upper abdomen is unremarkable.

IMPRESSION:

Prominent interstitial markings concerning for COPD and/or pulmonary vascular congestion.

Dictated By: SUKHJINDER SINGH MD

\*\*\*\*\* Final \*\*\*\*\*

Dictated by: Singh MD, Sukhjinder	Dictated DT/TM: 05/29/2019 3:30 pm	
Transcribed By: SPS	Transcribed DT/TM: 05/29/19 15:28:51	
Electronically Signed by: Singh MD, Sukhjinder P	Signed DT/TM: 05/29/2019 3:30 pm	

PROCEDURE  
 XR Tibia/Fibula Right

EXAM DATE/TIME  
 6/2/2019 22:31 PDT

**Report**  
 XR TIBIA FIBULA

HISTORY: Pain - injury

COMPARISON: None.

TECHNIQUE: Right tibia and fibula, 2 views.

FINDINGS:

Bone architecture is normal. No acute fracture or dislocation. No suspicious osseous lesions or soft tissue abnormality. Provided views of the right ankle and right knee demonstrate no acute

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
MRN: SHM4951015  
DOB/Sex: 1/13/1960 / Male  
Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
Disch: 6/4/2019  
FIN: SHM0000016256695

**Imaging****Report**

abnormalities. There is some mild medial compartment arthritis of the right knee. There is mild calcaneal spurring.

**IMPRESSION:**

No acute fracture of the right tibia or fibula.

Report generated with voice recognition software. Effort has been made to ensure accuracy of this report, however occasional wording errors may persist. Please call with any questions.

Dictated By: DOUGLAS LARSON MD

\*\*\*\* Final \*\*\*\*

Dictated by: Larson MD, Douglas G

Transcribed By: DGL Transcribed by: DGL

Electronically Signed by: Larson MD, Douglas G

Dictated DT/TM: 06/02/2019 11:08 pm

Transcribed DT/TM: 06/02/19 23:06:20

Signed DT/TM: 06/02/2019 11:08 pm

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

<b>Discharge Summary</b>
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DOCUMENT NAME:  
 SERVICE DATE/TIME:  
 RESULT STATUS:  
 PERFORM INFORMATION:  
 SIGN INFORMATION:

Discharge Summary  
 6/4/2019 09:38 PDT  
 Auth (Verified)  
 Mojica, Wendy D DO (6/4/2019 09:41 PDT)  
 Mojica, Wendy D DO (6/9/2019 14:26 PDT)

**Patient Information**

Attending Physician: Awaji, Obinna N MD  
 Diagnosis: NSTEMI  
 Discharge Location: SHM PCU  
 Primary Care Physician: No, Pcp No MD  
 Admit Date/Time: 05/29/19 18:21

**Discharge Diagnosis**

Chest pain (R07.9)  
 Chronic GERD (K21.9)  
 Emphysema/COPD (J43.9)  
 Hypertension (I10)  
 Hypothyroidism (E03.9)  
 Non-ST elevation MI (NSTEMI) (I21.4)  
 OSA (obstructive sleep apnea) (G47.33)  
 Ocular migraine (G43.109)

**Discharge Medications**

aspirin (aspirin 81 mg oral tablet, chewable) 81 Milligram 1 Tabs By Mouth Daily  
 atorvastatin (atorvastatin 20 mg oral tablet) 40 Milligram 2 Tabs By Mouth at Bedtime  
 carvedilol (carvedilol 3.125 mg oral tablet) 3.125 Milligram 1 Tabs By Mouth 2 Times a Day With Meals for 30 Days  
 diethylpropion (diethylpropion 75 mg oral tablet, extended release) 75 Milligram 1 Tabs By Mouth Daily  
 fluticasone-salmeterol (Advair Diskus 100 mcg-50 mcg Inhalation powder) 1 Puffs Inhalation 2 Times a Day  
 icosapent (Vascepa 1 g oral capsule) 2 Gram 2 Capsules By Mouth 2 Times a Day for 30 Days  
 lansoprazole (Prevacid 15 mg oral delayed release capsule) 15 Milligram 1 Capsules By Mouth Daily  
 lisinopril (lisinopril 10 mg oral tablet) 10 Milligram 1 Tabs By Mouth Daily  
 thyroid desiccated (Armour Thyroid 60 mg oral tablet) 60 Milligram 1 Tabs By Mouth Daily  
 ticagrelor (ticagrelor 90 mg oral tablet) 90 Milligram 1 Tabs By Mouth 2 Times a Day

**Follow-Up/Discharge Instructions****Follow-up**

Wattoo, Dost M MD,  
 Follow up with primary care provider, - Patient to follow up with his primary cardiologist .Dr. Wattoo.  
 wato,

**Education**

CHEST PAIN, Uncertain Cause  
 Cardiac Catheterization-revised (Custom)  
 Cardiac Rehabilitation  
 Cardiac Rehabilitation Summerlin Hospital (Custom) (Custom)  
 Carvedilol tablets

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

<b>Discharge Summary</b>
--------------------------

Computed Tomography Angiography (CTA)  
 Coronary Stents  
 Electrocardiogram (ECG)  
 HEART DISEASE EDUCATION  
 Handwashing: Tips for Patients, Family, and Friends  
 Heart Attack  
 SLEEP APNEA, Obstructive (Adult)  
 Step-by-Step: Using a Hand Sanitizer  
 Ticagrelor oral tablet

**Post Discharge Care**

Diet: Cardiac  
 Activity: Up Ad Lib

**Pending Results**

Auto Diff ordered on 06/04/2019  
 Basic Metabolic Panel ordered on 05/31/2019  
 CEC with Diff ordered on 05/31/2019  
 CL Cath Lab Order ordered on 06/03/2019  
 EC EKG ordered on 06/03/2019  
 EC EKG ordered on 06/04/2019

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**Results****Discharge Labs**

Cardiac

Troponin I	17.090 ng/mL (Critical)	05/30/2019 03:51			
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**General Chemistry**

Sodium	137 mmol/L	06/04/2019 04:38	Potassium	4.1 mmol/L	06/04/2019 04:38
Chloride	107 mmol/L	06/04/2019 04:38	CO2	23 mmol/L	06/04/2019 04:38
Anion Gap	7 mmol/L	06/04/2019 04:38	Glucose Level	87 mg/dL	06/04/2019 04:38
BUN	10 mg/dL	06/04/2019 04:38	Creatinine	1.030 mg/dL	06/04/2019 04:38
BUN/Creat Ratio	10	06/04/2019 04:38	Calcium	8.7 mg/dL	06/04/2019 04:38
Albumin. Level	3.3 gm/dL (Low)	05/30/2019 03:51	TP	6.7 gm/dL	05/30/2019 03:51
A/G Ratio	1.0	05/30/2019 03:51	T Bili	0.3 mg/dL	05/30/2019 03:51
D Bili	<0.10 mg/dL	05/30/2019 03:51	Alk Phos	67 units/L	05/30/2019 03:51
AST	42 units/L (High)	05/30/2019 03:51	ALT	47 units/L	05/30/2019 03:51
Mg Lvl	2.5 mg/dL (High)	05/29/2019 15:18	Estimated Creatinine Clearance	82.25 mL/min	06/04/2019 06:00
eGFR Non-African American	79 mL/min/1.73m2	06/04/2019 04:38	eGFR African American	92 mL/min/1.73m2	06/04/2019 04:38
eGFR Pediatric	Not Reported mL/min/1.73m2	06/04/2019 04:38	Calc Osmo	272 mOsmol/kg (Low)	06/04/2019 04:38
Hgb A1C	5.6 %	05/30/2019 05:43			

**General Coagulation**

PT	10.9 Seconds	05/30/2019 03:51	INR	1.0	05/30/2019 03:51
PTT	64 Seconds (High)	05/30/2019 05:43			

**General Hematology**

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## SHM- Summerlin Hospital Medical Center

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 Attending: Awaji, Obinna N MD

Admit: 5/29/2019

Disch: 6/4/2019

FIN: SHM0000016256695

## Discharge Summary

WBC	11.78 x10e3/mcL	06/04/2019 04:38	RBC	5.23 x10e6/mcL (High)	06/04/2019 04:38
Hgb	17.0 gm/dL	06/04/2019 04:38	Hct	53.7 % (High)	06/04/2019 04:38
MCV	86.2 Femtoliters	06/04/2019 04:38	MCH	27.3 pg	06/04/2019 04:38
MCHC	31.7 gm/dL	06/04/2019 04:38	RDW-CV	17.2 % (High)	06/04/2019 04:38
RDW-SD	49.2 Femtoliters	06/04/2019 04:38	Plt	312 x10e3/mcL	06/04/2019 04:38
MPV	9.7 Femtoliters	06/04/2019 04:38	Neut % Auto	66.2 %	06/04/2019 04:38
Lymph % Auto	18.5 %	06/04/2019 04:38	Mono % Auto	9.3 %	06/04/2019 04:38
Eos % Auto	4.8 %	06/04/2019 04:38	Baso % Auto	0.9 %	06/04/2019 04:38
Immature Grans %	0.3 %	06/04/2019 04:38	Neut # Auto	7.79 x10e3/mcL	06/04/2019 04:38
Lymph # Auto	2.18 x10e3/mcL	06/04/2019 04:38	Mono # Auto	1.10 x10e3/mcL	06/04/2019 04:38
Eos # Auto	0.57 x10e3/mcL (High)	06/04/2019 04:38	Baso # Auto	0.11 x10e3/mcL (High)	06/04/2019 04:38
Immature Grans # Auto	0.03 x10e3/mcL	06/04/2019 04:38			

## Lipids

Cholesterol	132 mg/dL	05/30/2019 05:43	Trig	348 mg/dL	05/30/2019 05:43
HDL	25 mg/dL (Lcw)	05/30/2019 05:43	LDL Direct	86 mg/dL	05/30/2019 05:43
Chol/HDL Risk	5	05/30/2019 05:43	VLDL Chol Calc	00000070 mg/dL	05/30/2019 05:43

## Image(s)

CT Anqio Head/Neck w/Contr Incl w/o Imag 05/31/2019 12:02 by Topham MD, Steven L

1. Unremarkable CTA of the neck
2. Mild irregularity of several M2 branches on the right without occlusion
3. Chronic sinusitis

CT Head or Brain w/o Contrast 05/30/2019 10:10 by Topham MD, Steven L

## IMPRESSION:

Normal CT of the brain without contrast

Chronic sinusitis

XR Chest 1 View Frontal 05/29/2019 15:18 by Singh MD, Sukhjinder P

## IMPRESSION:

Prominent interstitial markings concerning for COPD and/or pulmonary vascular congestion.

XR Tibia/Fibula Right 06/02/2019 22:31 by Larson MD, Douglas G

## IMPRESSION:

No acute fracture of the right tibia or fibula.

Report generated with voice recognition software. Effort has been made to ensure accuracy of this report, however occasional wording errors may persist. Please call with any questions.

Echo 05/30/2019 06:54 by Chaudhry, Khalid A MD

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## SHM- Summerlin Hospital Medical Center

Patient: HOLLAND, ROBERT  
 MRN: SHM4951015  
 DOB/Sex: 1/13/1960 / Male  
 Attending: Awaji, Obinna N MD

Admit: 5/29/2019  
 Disch: 6/4/2019  
 FIN: SHM0000016256695

Discharge Summary
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**CONCLUSION:**

Normal left ventricular size and systolic function.  
 Normal left atrial, right atrial, and right ventricular dimensions.  
 No significant valvular regurgitation

**Objective**

<u>Vital Signs (24 hrs)</u>	<u>Last Charted</u>		<u>Minimum</u>		<u>Maximum</u>	
Temp	36.6	06/04/2019 06:29	36.5	06/03/2019 11:32	36.5	06/03/2019 11:32
Heart Rate Monitored	78	06/04/2019 07:15	77	06/04/2019 07:06	91	06/03/2019 19:02
Resp Rate	19	06/04/2019 07:15	16	06/04/2019 06:30	H 21	06/03/2019 19:02
SBP	H 153	06/04/2019 06:29	128	06/04/2019 03:50	H 157	06/03/2019 18:40
DBP	86	06/04/2019 06:29	63	06/03/2019 23:34	86	06/04/2019 06:29
MAP	102	06/04/2019 06:29	77	06/03/2019 23:34	102	06/04/2019 06:29
SpO2	98	06/04/2019 07:15	95	06/03/2019 18:41	99	06/03/2019 11:33
O2 Therapy	Room air		Room air		Nasal cannula	

General: AAOx3, in no acute cardiopulmonary distress, normal affect.  
 Head: Normocephalic, atraumatic.  
 Eyes: Pupils are equal, round and reactive to light. Extraocular muscles intact.  
 Ear, Nose and Throat: Oropharynx clear, mucous membranes moist.  
 Neck: Supple, Full range of motion.  
 Respiratory: Clear to auscultation and percussion. No wheezing, rales or rhonchi.  
 Cardiovascular: Heart sounds normal. No thrills. Regular rate and rhythm, no murmurs, rubs or gallops.  
 Gastrointestinal: Abdomen soft, NT/ND, no palpable masses.  
 Neurologic: No focal neurological deficits.  
 Skin: No rashes or lesions. No petechiae or purpura. No edema. right wrist compression device noted.  
 Musculoskeletal: No cyanosis or clubbing. No gross deformities. Normal range of motion.

**Hospital Course**

59yo M with PMHx of hypothyroidism, HTN, GERD, and COPD was admitted for NSTEMI. Cardiology was consulted and performed cath with PCI/DES to LCx and PDA. Patient was also noted to have significant disease involving LAD but no intervention was performed at that time (5/30). After procedure was completed, Code WHITE was called as patient began having left visual changes while talking to Cardiology. Neurology was consulted and stat CT head was unremarkable. CTA head/neck is currently pending (f/u results). Neurology obtained further history in which patient has been having these episodes of left eye visual disturbance with associated headaches. Neurology diagnosed him with ophthalmic migraines. f/u with Neurology recs after CTA head/neck results are available. Patient is pending repeat cath for possible PCI/DES placement of LAD on 6/3.

Discussed with patient he likely should stop the testosterone since it may be causing erythrocytosis and could have precipitated his heart disease. Patient discharged on all appropriate medications post NSTEMI. Patient anxious to get home but also wants to prevent this from happening again, discussed that vacepa plus all of his other medications may be able to prevent this from occurring. On 6/3/19 patient had Successful PCI of LAD and diagonal and noted to have patent stents in the left circumflex artery.

Electronically Signed By: Mojica, Wendy  
 On: 06.09.2019 14:26 PDT

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Medical Record

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July 12, 2019

To: LVMPD Medical Director  
 From: Lisa Koehler [lkoehler@ccmsi.com](mailto:lkoehler@ccmsi.com)  
 Subject: Claim Number: 19D34F989694  
 Employee: Robert Holland  
 Job Title: PO II - Retired from LVMPD 12/29/12  
 Date of Injury: 05/26/2019

On 5/26/19 at approximately 8:30 am Mr. Holland was washing his work vehicle when he began to experience chest pain that radiated into his left arm. The next day, 5/27/19 it happened again after going to the gym, still didn't do anything about it, when he went to his cardiologist 5/29/2019 Dr. Wattoo and from there he was sent to Summerlin Hospital ER and admitted, diagnosis of 2 heart attacks requiring 3 vessel coronary artery disease with stinting.

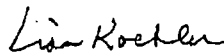
I have attached the medical reporting from Summerlin Hospital, the last five years of annual physicals prior to Mr. Holland retiring from LVMPD.

1. After your review of the medical reporting, please advise if Claimant has a compensable Workers Compensation claim pursuant to NRS 617.440 or NRS 617.457. No
2. Was corrective action given at the time of his annual exams? Yes, he was advised to stop his testosterone therapy as it can contribute to heart disease.
3. Please provide a detailed rational regarding your decision of claim acceptance and/or denial which ever you deem appropriate. Individual suffered a heart attack on 6/3/2019. He underwent successful stent placement. He has been placed on appropriate medications for his condition. He was advised to stop his testosterone therapy as it can contribute to heart disease. This is not a compensable claim.

Signature:  Date: 7/20/2019

Thank you for your prompt attention to this matter.

Sincerely,



Lisa Koehler  
 Claims Consultant

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 JUL 23 2019  
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Cannon Cochran Management Services, Inc.  
 PO Box 35350 • Las Vegas, NV 89133-5350  
 800-252-5059 • 702-477-7016 • Fax: 702-477-7019 • [www.ccmsi.com](http://www.ccmsi.com)



July 23, 2019

Robert Holland  
7409 Sand Pebble Lane  
Las Vegas, NV 89129

Re: Claim#: 19D34F989694  
Employer: Las Vegas Metro Police Department  
Date of Injury: 5/26/19  
Body Part(s): Heart

Dear Mr. Holland:

CCMSI is in receipt of your claim for the above-mentioned date of injury. Based on the information submitted to this office, your claim for the date of injury listed above, does not meet the statutory requirements of a heart disease claim and/or an accident, injury or occupational disease, also, it cannot be established the injury arose out of the course and scope of employment. Your claim is denied. The reason for the denial is based on the following reasons and statutory authority.

NRS 617.457 11. Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to a physical examination required pursuant to subsection 4 or 5 excludes the employee from the benefits of this section if the correction is within the ability of the employee.

NRS 616A.030 "Accident" defined. "Accident" means an unexpected or unforeseen event happening suddenly and violently, with or without human fault, and producing at the time objective symptoms of an injury.

NRS 616A.265 "Injury" and "personal injury" defined. 1. "Injury" or "personal injury" means a sudden and tangible happening of a traumatic nature, producing an immediate or prompt result which is established by medical evidence, including injuries to prosthetic devices.

NRS 616C.150 Compensation prohibited unless preponderance of evidence establishes that injury arose out of and in course of employment; rebuttable presumption if notice of injury is filed after termination of employment. 1. An injured employee or the dependents of the injured employee are not entitled to receive compensation pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS unless the employee or the dependents establish by a preponderance of the evidence that the employee's injury arose out of and in the course of his or her employment.

NRS 616C.175 Employment-related aggravation of preexisting condition which is not employment related; aggravation of employment-related injury by incident which is not employment related. 1. The resulting condition of an employee who: (a) Has a preexisting condition from a cause or origin that did not arise out of or in the course of the employee's current or past employment; and (b) Subsequently sustains an injury by accident arising out of and in the course of his or her employment which aggravates, precipitates or accelerates the preexisting condition, shall be deemed to be an

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Cannon Cochran Management Services, Inc.

PO Box 35350 • Las Vegas, NV 89133-5350

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Page 2 19D34F989694 Holland

injury by accident that is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the subsequent injury is not a substantial contributing cause of the resulting condition. 2. The resulting condition of an employee who: (a) Sustains an injury by accident arising out of and in the course of his or her employment; and (b) Subsequently aggravates, precipitates or accelerates the injury in a manner that does not arise out of and in the course of his or her employment, shall be deemed to be an injury by accident that is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the injury described in paragraph (a) is not a substantial contributing cause of the resulting condition. (Added to NRS by 1993, 663; A 1995, 2147; 1999, 1777)

NRS 617.344 Claim for compensation: Requirements for diseased employee, dependent or representative to file claim; form. 1. Except as otherwise provided in subsection 2, an employee who has incurred an occupational disease, or a person acting on behalf of the employee, shall file a claim for compensation with the insurer within 90 days after the employee has knowledge of the disability and its relationship to his or her employment.

NRS 617.440: An occupational disease defined in this chapter shall be deemed to arise out of and in the course of the employment if; (a) There is a direct causal connection between the conditions under which the work is performed and the occupational disease; (b) It can be seen to have followed as a natural incident of the work as a result of the exposure occasioned by the nature of the employment; (c) It can be fairly traced to the employment as the proximate cause; and (d) It does not come from a hazard to which workmen would have been equally exposed outside of the employment.

NRS 617.358 Compensation prohibited unless preponderance of evidence establishes that disease arose out of and in course of employment; rebuttable presumption if notice of disease is filed after termination of employment; exceptions. 1. An employee or the dependents of the employee are not entitled to receive compensation pursuant to the provisions of this chapter unless the employee or the dependents of the employee establish by a preponderance of the evidence that the employee's occupational disease arose out of and in the course of his or her employment.

NRS 617.366 Employment-related aggravation of preexisting condition which is not employment related; aggravation of employment-related occupational disease by incident which is not employment related. 1. The resulting condition of an employee who: (a) Has a preexisting condition from a cause or origin that did not arise out of and in the course of the employee's current or past employment; and (b) Subsequently contracts an occupational disease which aggravates, precipitates or accelerates the preexisting condition, shall be deemed to be an occupational disease that is compensable pursuant to the provisions of chapter 616A to 617, inclusive, of NRS, unless the insurer can prove by a preponderance of the evidence that the occupational disease is not a substantial contributing cause of the resulting condition. 2. The resulting condition of an employee who: (a) Contracts an occupational disease; and (b) Subsequently aggravates, precipitates or accelerates the occupational disease in a manner that does not arise out of and in the course of his or her employment, shall be deemed to be an occupational disease that is compensable pursuant to the provisions of chapters 616A to 617, inclusive, of NRS, unless the insurer can prove by a

Page 3 19D34F989694 Holland

preponderance of the evidence that the occupational disease is not a substantial contributing cause of the resulting condition.

NRS 617.457 Heart diseases as occupational diseases of firefighters, arson investigators and police officers. [Effective January 1, 2017.] 1. Notwithstanding any other provision of this chapter, diseases of the heart of a person who, for 2 years or more, has been employed in a full-time continuous, uninterrupted and salaried occupation as a firefighter, arson investigator or police officer in this State before the date of disablement are conclusively presumed to have arisen out of and in the course of the employment if the disease is diagnosed and causes the disablement: (a) During the course of that employment; (b) If the person ceases employment before completing 20 years of service as a police officer, firefighter or arson investigator, during the period after separation from employment which equal to the number of years worked; or (c) If the person ceases employment after completing 20 years or more of service as a police officer, firefighter or arson investigator, at any time during the person's life. ☐ Service credit which is purchased in a retirement system must not be calculated towards the years of service of a person for the purposes of this section. 2. Frequent or regular use of a tobacco product within 1 year, or a material departure from a physician's prescribed plan of care by a person within 3 months, immediately preceding the filing of a claim for compensation excludes a person who has separated from service from the benefit of the conclusive presumption provided in subsection 1. 3. Notwithstanding any other provision of this chapter, diseases of the heart, resulting in either temporary or permanent disability or death, are occupational diseases and compensable as such under the provisions of this chapter if caused by extreme overexertion in times of stress or danger and a causal relationship can be shown by competent evidence that the disability or death arose out of and was caused by the performance of duties as a volunteer firefighter by a person entitled to the benefits of chapters 616A to 616D, inclusive, of NRS pursuant to the provisions of NRS 616A.145 and who, for 5 years or more, has served continuously as a volunteer firefighter in this State by continuously maintaining an active status on the roster of a volunteer fire department. 4. Except as otherwise provided in subsection 5, each employee who is to be covered for diseases of the heart pursuant to the provisions of this section shall submit to a physical examination, including an examination of the heart, upon employment, upon commencement of coverage and thereafter on an annual basis during his or her employment. 5. During the period in which a volunteer firefighter is continuously on active status on the roster of a volunteer fire department, a physical examination for the volunteer firefighter is required: (a) Upon employment; (b) Upon commencement of coverage; and (c) Once every 3 years after the physical examination that is required pursuant to paragraph (b), ☐ until the firefighter reaches the age of 50 years. Each volunteer firefighter who is 50 years of age or older shall submit to a physical examination once every 2 years during his or her employment. 6. The employer of the volunteer firefighter is responsible for scheduling the physical examination. The employer shall mail to the volunteer firefighter a written notice of the date, time and place of the physical examination at least 10 days before the date of the physical examination and shall obtain, at the time of mailing, a certificate of mailing issued by the United States Postal Service. 7. Failure to submit to a physical examination that is scheduled by his or her employer pursuant to subsection 6 excludes the volunteer firefighter from the benefits of this section. 8. The chief of a volunteer fire department may require an applicant to pay for any physical examination required pursuant to this section if the applicant: (a) Applies to the department for the first time as a volunteer firefighter; and (b) Is 50 years of age or older on the date of his or her application. 9. The volunteer fire department shall reimburse an applicant for the cost of a physical examination required pursuant to this section if the

Page 4 19D34F989694 Holland

applicant: (a) Paid for the physical examination in accordance with subsection 8; (b) Is declared physically fit to perform the duties required of a firefighter; and (c) Becomes a volunteer with the volunteer fire department. 10. Except as otherwise provided in subsection 8, all physical examinations required pursuant to subsections 4 and 5 must be paid for by the employer. 11. Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to a physical examination required pursuant to subsection 4 or 5 excludes the employee from the benefits of this section if the correction is within the ability of the employee. 12. A person who is determined to be: (a) Partially disabled from an occupational disease pursuant to the provisions of this section; and (b) Incapable of performing, with or without remuneration, work as a firefighter, arson investigator or police officer, may elect to receive the benefits provided under NRS 616C.440 for a permanent total disability. 13. Claims filed under this section may be reopened at any time during the life of the claimant for further examination and treatment of the claimant upon certification by a physician of a change of circumstances related to the occupational disease which would warrant an increase or rearrangement of compensation. 14. A person who files a claim for a disease of the heart specified in this section after he or she retires from employment as a firefighter, arson investigator or police officer is not entitled to receive any compensation for that disease other than medical benefits.

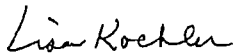
The claim does not meet the requirements set forth in chapter 617 of the NRS, inclusive as an occupational disease.

If you disagree with the above determination, you may request a hearing before a Hearing Officer by completing the enclosed hearing notice within seventy (70) days after the date on which this notice was mailed, and sending it to the State of Nevada, Department of Administration, Hearings Division, 2200 South Rancho Drive, Suite 210, Las Vegas, Nevada 89102.

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, Ste. 210  
Las Vegas, NV 89102  
(702) 486-2525

Sincerely,



Lisa Koehler  
Claims Consultant

Encl: D-12; D-2

Cc: Claim File; LVMPD; DIR; Medical Providers

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

In the matter of the Contested  
 Industrial Insurance Claim of:

Hearing Number: 2001960-JK  
 Claim Number: 19D34F989694

ROBERT HOLLAND  
 7409 SANDPEBBLE LN  
 LAS VEGAS, NV 89129

ABIGAIL BUCKLER - HEALTH MGR  
 LVMPD - HEALTH DETAIL  
 400 S MARTIN L KING BLVD STE B  
 LAS VEGAS, NV 89106

\_\_\_\_\_/

The Claimant's request for hearing was filed on August 7, 2019 and a hearing was scheduled for and held on September 12, 2019, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was not present. The Claimant was represented by Lisa M. Anderson, Esq., of Greenman, Goldberg, Raby & Martinez. The Employer was not present. The Employer was represented by Daniel L. Schwartz, Esq., of Lewis, Brisbois, Bisgaard & Smith, LLP. The Administrator was neither present or represented by legal counsel.

**ISSUE**

The Claimant appealed the determination of CCMSI dated July 23, 2019.

The issue before the Hearing Officer is CLAIM DENIAL.

**DECISION AND ORDER**

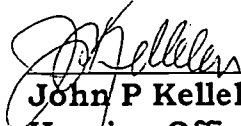
Claimant appeals the July 23, 2019 determination of the Insurer denying the heart claim for not meeting the statutory requirements of a heart disease claim and for failure to correct predisposing conditions. The evidence presented at the hearing reveals that Claimant has a history of being told of the need to deal with predisposing factors/conditions on a continuous basis. After Claimant's retirement he was diagnosed with high blood pressure in 2015 and is/was taking medication for the

///  
 ///  
 ///

same. A preponderance of the evidence submitted therefore, reveals that Claimant has failed to meet the requirements of **NRS 617.457** for compensability. Accordingly, the July 23, 2019 determination of the Insurer denying the heart claim for not meeting the statutory requirements of a heart disease claim and for failure to correct predisposing conditions is hereby **AFFIRMED**.

**NRS 617.457.**

**IT IS SO ORDERED** this 17 day of September, 2019.

  
\_\_\_\_\_  
**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.

Physical Taken  
01-22-08

#03410

UNIVERSITY MEDICAL CENTER  
1700 Wheeler Peak Dr.  
Las Vegas, NV 89106Las Vegas Metropolitan Police Dept.  
101 Convention Center Drive  
Las Vegas, NV 89109

Dear Sir/Madam:

As a result of the recent physical examination of your employee identified below and in compliance with the Nevada Revised Statutes, Chapter 617, we are notifying you of the following predisposing physical, laboratory, x-ray or testing abnormalities, which may lead to the employee contracting heart and/or lung disease.

Additionally, we are enclosing methods by which the employee may correct these conditions in an effort to avoid any heart and/or lung complications in the future. These recommendations must be provided to the employee.

Effective October 1, 1991, NRS, Chapter 617 also provides that any physical examination must include a hearing test.

PREDISPOSING CONDITIONS: An X indicates a predisposing condition may have been identified.

<input type="checkbox"/> Abnormal pulmonary function tests	<input type="checkbox"/> Abnormal Chest X-ray	<input type="checkbox"/> Smoker
<input type="checkbox"/> Elevated Cholesterol	<input checked="" type="checkbox"/> Abnormal Hearing	<input type="checkbox"/> Overweight
<input checked="" type="checkbox"/> Elevated Triglycerides 175	<input type="checkbox"/> Abnormal Stress Test	
<input type="checkbox"/> History of Cardiovascular disease	Left Arm	
<input type="checkbox"/> Other Abnormal Labs		

## CORRECTIVE MEASURES TO BE TAKEN BY THE EMPLOYEE:

<input type="checkbox"/> Follow-up Pulmonary Function Test	<input type="checkbox"/> Repeat Chemistry Panel	<input type="checkbox"/> Stop Smoking
<input type="checkbox"/> Repeat Urinalysis	<input type="checkbox"/> Repeat CBC	
<input type="checkbox"/> Lose Wt.: No. Lbs _____	<input type="checkbox"/> Follow-up abnormal tests with Primary Physician	

PATIENT:

MR#

PHYSICAL DATE:

ACCOUNT NUMBER:

ENC# 11632353 48 DOB 1/13/1960  
HOLLAND, ROBERT  
McCarran Physicals M  
MR# 000-184-232 ADM 2/12/2008

Form # 05-074 (1/92,7/95,11/05)

#03410

UNIVERSITY MEDICAL CENTER  
1700 Wheeler Peak Dr.  
Las Vegas, NV. 89106

Page 2

## COMMENTS:

1. Your periodic Health Questionnaire shows:  
Otherwise no significant responses. You are a non-smoker.
2. Your Physical Exam shows: Wt. 220 Ht. 71  
Otherwise is within normal limits.  
Your Blood Pressure is 114/78 -
3. Your pure tone Audiogram-Hearing test shows ab a normal exam.
4. Spirometry shows a normal exam.
5. Your Treadmill Stress Test/EKG shows negative for ischemia.
6. Your Chest X-RAY shows a normal exam.
7. Your Laboratory Work ↑ TRIGLYCERIDES is essentially within normal limits.

The following tests were outside the range of laboratory normals. They appear to be not clinically significant or have low probability of being caused by a disease process- a second opinion by your PCP is always an option.

CORRECTIVE ACTION: LOW FAT DIET. HEARING PROTECTION

Whenever an employee is notified of the need for corrective action based on the results of the physical exam, it is imperative that the employees take the recommended corrective action. Failure to obtain or make progress toward taking the recommended corrective action may constitute a predisposing condition that may make the employee ineligible for coverage for a worker's compensation claim related to that condition (i.e. heart and lung bill). Corrective action taken must be accomplished at the employee's expense and must be documented. Such documentation should be provided to the Personnel Department along with any continuing follow up related to the corrective action.

In conclusion with all the information that has been provided to me, it appears you are in good health and remain acceptable for employment.

Physician Signature



Form # 05-074 (1/92,7/95,11/05)

ENC# 11632353 48 DOB 1/13/1960  
HOLLAND, ROBERT  
McCARRAN PHYSICALS M  
MR# 000-184-232 ADM 2/12/2008

## ANNUAL PHYSICAL MEDICAL EXAMINATION

03410

EMPLOYEE'S NAME:

HOLLAND, ROBERT

PN: 003410 DOH: 09/11/87

TRAFFIC SECTION

TR 24

ENC# 11356862 48 DOB 1/13/1960

HOLLAND, ROBERT

McCARRAN PHYSICALS

MR# 000-184-232

ADM 1/22/2008

1. YOU MUST SET UP YOUR APPOINTMENT WITHIN 7 DAYS OF RECEIPT OF YOUR PHYSICAL EXAM PACKAGE. To schedule an appointment, please call Health Detail at 828-3695, Monday through Friday from 0800-1800 hours.  
YOUR EXAMINATION WILL BE COMPLETED AT THE FOLLOWING LOCATION:

UMC PHYSICALS DEPT.  
1700 WHEELER PEAK DR.  
LAS VEGAS, NV 89106  
(702) 383-3660. (PLEASE CALL IF YOU ARE GOING TO BE LATE OR CANCEL)

2. If you miss the FIRST PHASE OF YOUR APPOINTMENT, you will have to call HEALTH DETAIL AT 828-3695 to reschedule. IF YOU MISS THE SECOND PHASE OF YOUR PHYSICAL, CALL UMC AT 383-3660 TO CANCEL / RESCHEDULE.
3. IF YOU ARE UNABLE TO HAVE YOUR BLOOD WORK DONE AT THE TIME OF YOUR PHYSICAL, PLEASE CALL THE HEALTH DETAIL AT 828-3695 PRIOR TO YOUR SCHEDULED PHYSICAL APPOINTMENT FOR OTHER OPTIONS. THE BLOOD DRAW MUST BE DONE WITHIN 30 DAYS OF YOUR PHYSICAL.
3. Examinee MUST FAST TWELVE (12) HOURS BEFORE BLOOD WORK. No food or beverage (water is allowed). You may continue your prescribed medication. PLEASE DO NOT EXERCISE 24 HOURS PRIOR TO YOUR PHYSICAL AND BLOOD WORK!!!
4. Your appointment must be made for ON-DUTY hours. Overtime is not authorized. Supervisors are encouraged to adjust shifts in order to accommodate available hours.
5. Department procedure 5/101.20, may require negative sanctions and does require a memorandum from the appropriate Office/Bureau/Area Commander, for the following reasons:
- Failure to schedule or reschedule any portion of their annual physical exam during their birth month.
  - Missed or canceled appointment for any reason.
  - Failure to complete any portion of the physical exam.
6. Examinee MUST COMPLETE the attached questionnaire BEFORE reporting for the examination.
7. Persons with an appointment SHOULD REPORT DIRECTLY TO THE QUICK CARE CENTER, with tennis shoes, shorts or sweat pants for wear during the Cardiac (stress) test. Please mention if a bike stress test is medically necessary when making appointment. The bike stress test is only performed at UMC Hospital on Charleston.
8. This cover sheet DOES NOT need to be returned to Health Detail upon the completion of examination. A copy of the medical results will be given to the employee by physician during the second phase of the physical
9. When you receive your original copy from UMC please retain for your records.

EXAMINATION DATE: 1/22/07

EXAMINATION TIME: 0700

EXAMINATION COMPLETED BY:

(PHYSICIAN'S SIGNATURE)

#03410

## IMPORTANT INFORMATION REGARDING PHYSICAL EXAMINATIONS

Industrial insurance benefits are available to all qualified police officers and firemen who acquire lung and heart diseases. To qualify, certain minimum employment requirements must be met and firemen and police officers are required to submit to physical examinations.

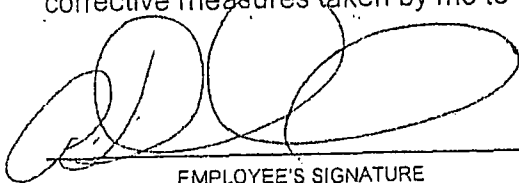
Nevada Revised Statutes, NRS 617.455 and 617.457, provide that, under certain circumstances, all lung and heart diseases for police officers and firemen, and lung diseases for volunteer firemen, are conclusively presumed to have arisen out of and in the course of employment.

The Nevada Administrative Code (NAC), Chapter 617, provides the administrative requirements for all police officers and firemen who are required to submit to physical examinations in order to receive industrial insurance benefits pursuant to NRS 617.455 and 617.457. These requirements detail the frequency of examinations, the minimum requirements for the exams, the duties of the employer, and the duties of the employee.

Failure to correct the condition(s) as described in the examination report, which you have received this date, may result in loss of benefits due you under Nevada Revised Statute 617, Occupational Diseases, if it is within your ability to correct it/them.

I, ROBERT HILLAND, acknowledge receipt of my annual physical  
(EMPLOYEE'S NAME - PLEASE PRINT)

examination results on the attached pages. I have been advised of any predisposing conditions, suggested corrective measures, and comments made by the attending physician. I understand I am responsible for the corrective actions listed as well as notifying Health and Safety Services, within a reasonable length of time, of any and all corrective measures taken by me to resolve.



EMPLOYEE'S SIGNATURE

3410

P#

2/12/08

DATE

0208

Acct No. 1048-774 Chart No. 000-184-232 Slip/Enc No: 11356862  
 Dr. MCP MCCARRAN PHYS Appt Date: 1/22/08 Acct Type: CA COMPANY CCT  
 Spec: MCP PCP: 0000 Time: 7:00 AM Sign Date: 1/22/08 ADDDIAZ  
 Patient: ROBERT HOLLAND SS#: 530-64-2969  
 Address: 101 CONVENTION CENTER DR (PO) Sex: M DOB: 1/13/1960 Age: 48  
 LAS VEGAS, NV 89109 Home Phn: (000) 000-0000  
 Work Phn: (702) 656-1299 Cell: (000) 000-0000 Pt Employer: 00000  
 Reason: METRO PO Memo: TMT

03410

Guarantor: HEALTH &amp; SAFETY

Guar Phn: (000) 000-0000

Ins# Carrier

Policy

Start

Stop

Seq

PLEASE HAVE PERSONNEL INITIAL TIME ARRIVED AND TIME LEAVING; INDICATE ANY COMMENTS WHY TEST WAS NOT DONE, FOR WHATEVER REASON!

CONTACT PHONE \_\_\_\_\_

DATE PHYSICAL SCHEDULED:			DATE RESCHEDULED:		
DEPARTMENT	TIME ARRIVED	INITIAL	TIME LEAVING	INITIAL	COMMENTS
LAB DRAW (Must fast 12 hours prior to draw, you may drink water during this fasting period)	748	✱	745	✱	LAC NOOK
AUDIOLOGY	0719	JP		JP	
PULMONARY	0801	CLMKE	0804	CLMKE	
STRESS TEST/ RESTING EKG/ STAIRMASTER/ BICYCLE/ CHEST X-RAY	0812	CLMKE	852	CLMKE	
PHYSICAL EXAM	0735	ADN	0740	ADN	PT was shielded
TB SKIN TEST				815	JD 46376 5/09

OFFICERS COMMENTS / SUGGESTIONS:

#03410

**Firemen And  
Police Officer's  
Medical History  
Form**

To the Fireman or Police Officer: Please complete this form prior to your examination and present the completed form to the medical examiner. If the same examiner conducts both heart and lung examinations in any one year, only one History form need be completed.

Name (Last, First, Middle) <b>HOLLAND ROBERT</b>	Age <b>48</b>	Date of Birth <b>11/3/60</b>
Address <b>2419 SAND PEBBLE LANE</b>	Organization/Employer <b>LVMPD</b>	
Personal Physician's Name <b>JIM CHRISTENSEN</b>	Occupation <b>DETECTIVE</b>	

IF THE ANSWER TO ANY QUESTION ON THIS FORM IS "YES", PLEASE EXPLAIN IN THE SPACE PROVIDED FOR ON THE REVERSE SIDE.

- Have you ever had any trouble with your heart or been told that you had trouble with your heart?
- Have you ever been treated for high blood pressure or ever been told that your blood pressure was not normal?
- In the past five years, have you been hospitalized overnight for any reason?
- In the past twelve (12) months, have you seen a doctor for anything other than routine checkups?
- Have you, or any of your immediate family (father, mother, sister, and/or brother) ever had any of the following?

YES	NO
	X
	X
	X
X	
	X

Allergies (asthma, hayfever, bronchitis, skin rash, eczema)?

Eye trouble (other than corrective lenses)?

Blood pressure trouble?

High blood pressure?

Heart trouble?

Heart attack?

Diabetes?

Stroke?

Gout?

YES (Indicate who has had the problem)	NO

- Do you smoke? If you answer yes, indicate how much per day.
- Have you experienced any prolonged shortness of breath?
- Do you have regular episodes of coughing?
- Do you drink alcoholic beverages? If yes, indicate daily quantity.
- How many cups of coffee do you usually drink per day?
- Do you consider yourself overweight?

Number of packs, cigars, pipefuls, etc.

Indicate beverage and quantity

Quantity

YES	NO
	X
X	
	X
	X
	X

THE ANSWERS TO THE QUESTIONS ASKED ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Signature

Date

#03410

Firemen And  
Police Officer's  
Lung Examination  
Form

Name (Last, First, Middle) HOLLAND ROBERT	Sex M	Date of Examination 1/22/08
Address 7409 SAND PEBBLE LANE	Age 48	Date of Birth 1/13/60
Personal Physician's Name JIM CHRISTENSEN	Occupation DETECTIVE	

## PHYSICAL

HEIGHT

71

BLOOD PRESSURE

114/78

WEIGHT

220

OVERWEIGHT?

YES

NO

## CHEST X-RAY

NORMAL

Y

ABNORMAL  
(Specify)

## STETHOSCOPIC EXAMINATION OF THE LUNGS

NORMAL

Y

ABNORMAL  
(Specify)

## SPIROMETER TEST\* (OPTIONAL FOR VOLUNTEER FIREMAN)

NORMAL

ABNORMAL  
(Specify)

\* Spirometer testing is to be conducted in accordance with Social Security Regulations entitled "Rules for Determining Disability and Blindness", SSA Publication No. 64-014, I.C.N. 436850, June 1985

It is recommended that you contact your personal physician for advice concerning correction of . . .

JOSE JOYA, MD

Examiner's Signature

Date

FEB 12 2008

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature

Date

2/12/08

#03410

Firemen And  
Police Officer's  
Extensive Heart  
Examination Form

Name (Last, First, Middle) <b>HOLLAND ROBERT</b>	Sex <b>M</b>	Date of Examination <b>1/22/08</b>
Address <b>7409 SAND PETTISLE LANE</b>	Age <b>48</b>	Date of Birth <b>1/13/60</b>
Personal Physician's Name <b>JIM CHRISTENSEN</b>	Occupation <b>DETECTIVE</b>	

## PHYSICAL

HEIGHT

BLOOD PRESSURE

WEIGHT

OVERWEIGHT?

YES

NO

## EKG

NORMAL

☒ABNORMAL  
(Specify)

## STRESS EKG\*

NORMAL

☒ABNORMAL  
(Specify)

\*If 40 years old or older or if abnormalities with resting EKG and  
no contraindications to performing test exist.

## STETHOSCOPIC EXAMINATION OF THE HEART

NORMAL

☒ABNORMAL  
(Specify)

Triglycerides	Cholesterol	Urine Glucose
---------------	-------------	---------------

It is recommended that you contact your personal physician for advice concerning correction of . . .

Examiner's Signature

Date

FEB 12 2008

JOSE JOYA MD

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature

Date

1/22/08

LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
REPORT OF PHYSICAL EXAMINATION

REPORT TO 3410

DATE

[illegible]

**CANDIDATE/EMPLOYEE WILL COMPLETE THIS PORTION**

Name <b>HOLLAND ROBERT J</b>		Address (Number & Street) <b>7409 SAND PETER LANE</b>		(City) <b>L.V.</b>	(State) <b>NV</b>	(Zip) <b>89129</b>
Position <b>DETECTIVE</b>	Bureau/Unit <b>TRAFFIC/FATAL</b>	Medical Group <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Date of Birth <b>1/13/60</b>	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Reason for Examination <input type="checkbox"/> Original <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Rehire <input type="checkbox"/> Return to Work <input type="checkbox"/> Extension Past Normal Retirement <input type="checkbox"/> Other _____						# of Children <b>3</b>

Name of Physician	Address (include zip code)	Phone
JIM CHRISTENSEN	2202 CATHEDRAL ROCK #1 220	307-7707

**MEDICAL CLINIC WILL COMPLETE THIS PORTION**

Height	Weight	Vital Capacity	Temperature	Blood Pressure (sitting)	Pulse (before exercise)	Pulse (after 2 min. rest after exercise)
71	220	%	97.6	(S) 114 (D) 78	70	
Vision	FAR	without glasses:	R 20/	L 20/	with glasses: R 20/ 20	L 20/ 20
	NEAR	without glasses:	R 20/	L 20/	with glasses: R 20/	L 20/
Peripheral Vision	Right 70	Left 70	Both 70	Color Perception	Red	Green
					Yellow	Color Plates

Normal	Abnormal	Perception	Describe each abnormality in detail
	1	Bulld Slender Medium <input checked="" type="checkbox"/> Heavy Obese	
	2	Head, Neck, Thyroid, Lymph Nodes	
	3	Eyes: EOM Pupils	
	4	Ears: Ear Drums	
	5	Nose and Sinuses	
	6	Mouth and Throat; Tonsils	
	7	Teeth: Caries Gums	
	8	Heart: RSR Murmur	
	9	Chest and Lungs	
	10	Breasts (woman over 35)	
	11	Abdomen	
	12	Inguinal and Femoral Rings, Lymph Nodes	
	13	Anus, Rectum and Prostate (men over 40)	
	14	Genitalia (males only)	
	15	Back Max. Antero-Flexion Dorsi-Flexion (On Tip toes) Max. Lateral Mobility (see x-rays for medical group A and B)	
	16	Extremities Flat Feet	
	17	Leg Veins, Podal Arteries (over age 45)	
	18	Skin (identifying body marks, scars, tattoos)	
	19	Neurologic (gait, motion, reflexes)	
	20	Psychiatric (stuttering, nail biting, tremor, sweating, obvious personality disorder)	

## LABORATORY

Blood: Hemoglobin	Hematology	Urinalysis: Sugar	Albumin	S.P.G.R.
-------------------	------------	-------------------	---------	----------

## MEDICAL SUMMARY

REMARKS and/or additional history by examining physician

CHECK ONE

- ☒ This candidate is **ACCEPTABLE** for employment in this capacity.
- ☐ This candidate **REQUIRES** further professional evaluation.
- ☒ This candidate **CAN/CANNOT** wear a respirator (List any restrictions)
- ☐ This candidate is **NOT ACCEPTABLE** for employment in this capacity due to physical or mental restrictions which are a result of the following condition (explain):

Employee has had prior inoculation to Hepatitis A    Y ☐ N ☐

Employee has had prior inoculation to Hepatitis B Y ☐ N ☒

### CONDITION

**RESTRICTION**

~~JOSE JOYA, AD~~

Date \_\_\_\_\_

Signature of Examining Physician

M.D.

#03410

Firemen And  
Police Officer's  
Hearing  
Examination Form

Name (Last, First, Middle) <b>HOLLAND ROBERT</b>	Sex <b>M</b>	Date of Examination <b>1/22/08</b>
Address <b>7409 SAND PEBBLE LANE</b>	Age <b>48</b>	Date of Birth <b>1/13/60</b>
Personal Physician's Name <b>JIM CHRISTENSEN</b>	Occupation <b>DETECTIVE</b>	

## Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,  
and 4K Results:

Average of 2K, 3K,  
and 4K Results:

## Otososcopic Examination

## Remarks

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance  
Excessive Wax or Debris  
Abnormal Appearance

*L abn*

*[Signature]*

## RECOMMENDATIONS

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Audiometer		Serial Number	Calibration Date
Tester's Name	Title	Tester's Signature	Test Date and Time

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature <i>[Signature]</i>	Date <b>1/22/08</b>
--	------------------------

## Subject Information:

Company: UNIVERSITY MEDICAL CENT Hire Date: 03470  
 SSN: 530-64-2969 Language: English  
 Name: HOLLAND, ROBERT Location: ENTERPRISE  
 Birth Date: 1/13/1960  
 Sex: M  
 Status: Active  
 In Program: Yes  
 Comment:

## Audiograms:

Date	Time	Baseline	Left Thresholds								Right Thresholds								ANSI S3.6-1989 2K, 3K, 4K Results	
			500	1K	2K	3K	4K	6K	8K	500	1K	2K	3K	4K	6K	8K	Left	Right		
1/22/2007	8:17:15		10	10	5	0	45	10	15	10	0	0	0	15	10	15	Missing or invalid d	Missing or invalid d		
1/22/2008	7:16:37	S	15	10	5	10	35	20	25	5	0	5	0	10	20	25	First Test	First Test		

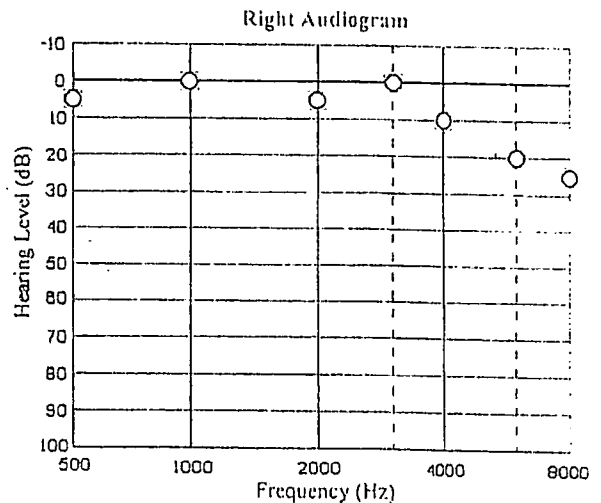
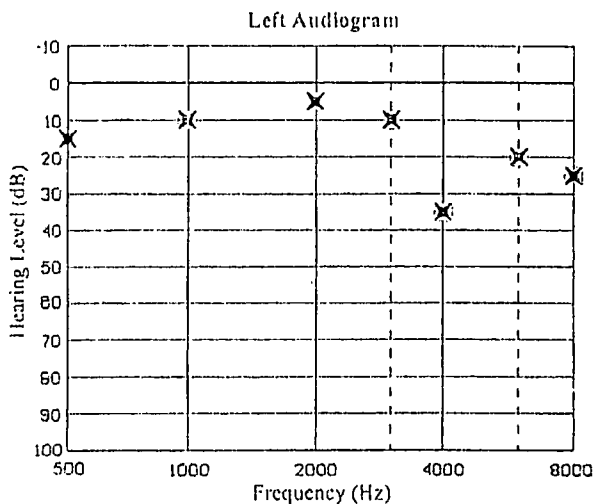
## Most Recent Test:

Examiner: DJD Serial: 20369  
 Model: CCA-200 Cal Date: 11/19/2007  
 Hours Since Last Exposure:  
 Exposure: YES Lf Otoscope:  
 Department: METRO Rt Otoscope:  
 Job: Training:  
 Shift: Refer Subject:  
 Protector Type: Self Eval:  
 Protector Use:  
 Comment:

## Most Recent Analysis:

Standard Threshold Shift (with Age Correction):  
 Possible OSHA Recordable Shift: 29 CFR 1904.10 - 2002  
 Current OSHA STS Trend (2,3,4K Avg.):  
 Speech Frequency Average (.5,1,2,3K Avg.):  
 High Frequency Average (4,6,8K Avg.):

Left	Right
No	No
No	No
16	5
10 Normal	2 Normal
26 Mild	18 Normal



× Left ○ Right □ Baseline

*James J. Smith*  
 Examiner Date 1-22-08

ENC# 11356862 48 DOB 1/13/1960  
 HOLLAND, ROBERT  
 MCCARRAN PHYSICALS  
 MR# 000-184-232 ADM 1/22/2008 M

Subject Summary

# Pulmonary Function Report

UMC  
Physicals

#03410

Screener Report

## Patient Information

Name: HOLLAND, ROBERT  
Height at test (in): 71.0  
Weight at test (lb): 220.0

ID: 000 184 232  
Sex: Male  
Age at test: 49

Birthdate: 1/13/1960  
Smoking history (pk-yr): 0  
Predicted set: Hankinson (NHANES III)

Comments: METRO

Diagnosis:

## Interpretation

NORMAL SPIROMETRIC VALUES indicate the absence of any significant degree of obstructive pulmonary impairment and/or restrictive ventilatory defect. This interpretation is valid only upon physician review and signature.

Site:

Effort protocol: ATS 1987

Test date/time: 01/22/08 08:05:02 AM

Physician:

Number of efforts performed: 3

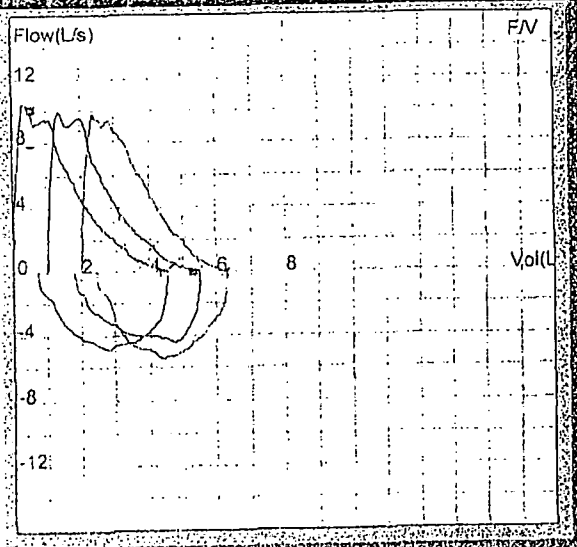
Technician: Peggy

## Results

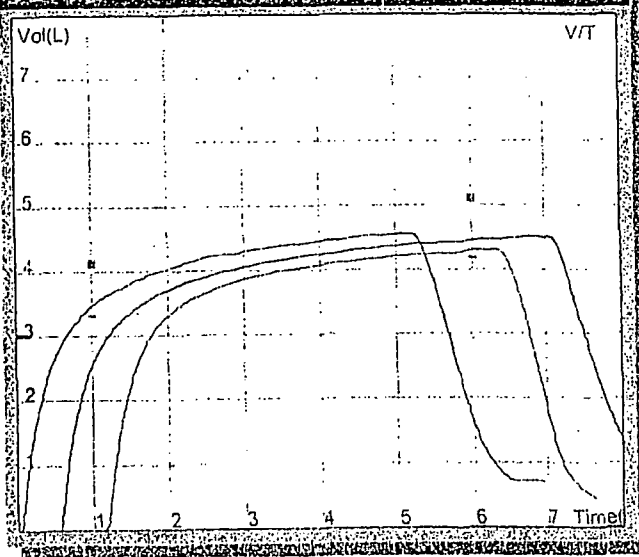
Result	Pred	Best	%Prd	Cons	%Prd	Inch	%Prd
FVC (L)	5.28	4.57	87%	4.51	85%	4.31	82%
FEV1 (L)	4.12	3.52	86%	3.43	83%	3.47	84%
FEV1/FVC	0.78	0.77	99%	0.76	97%	0.81	103%
FEF25-75% (L/s)	3.67	2.95	80%	2.72	74%	3.41	93%
PEFR (L/s)	10.14	10.75	106%	9.99	98%	9.84	97%
Vext %	---	1.39	---	1.53	---	1.91	---

Test comments:

## PVC Flow vs. Volume



## FVC Volume vs. Time



#03410


## UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

## METRO/CCFD TREADMILL STRESS TEST

The patient exercised for 15:00 on standard Bruce protocol.  
Baseline heart rate 64 beats per minute and baseline blood pressure 118/78.  
With exercise, the heart rate went up to 169 beats per minute which is 98% target heart rate, 15.1 METs and blood pressure of 160/94.  
Baseline EKG shows normal sinus rhythm. No acute changes.  
No significant EKG changes noted with exercise.

## IMPRESSION:

1. EKG STRESS TEST IS NEGATIVE FOR ISCHEMIA
2. EXCELLENT EXERCISE CAPACITY NOTED.
3. NORMAL BLOOD PRESSURE RESPONSE.

  
Chowdhury Ahsan, M.D.  
CA/pal  
DT: 1-23-08

=====

MR #: METRO  
NAME: HOLLAND, ROBERT  
ENCOUNTER #: 11356862  
DATE: 1-22-08  
DOB: 1-13-60  
PHYSICIAN:

SEX:  
RM #:  
AGE:

JOSE JOYA, MD  
JAN 25 2008

METRO/CCFD TREADMILL STRESS TEST

#03410

UNIVERSITY MEDICAL CENTER  
OF SOUTHERN NEVADA

## TREADMILL STRESS TEST

*16-11-11 10:00 AM*  
*11-11-11 10:00 AM*  
*11-11-11 10:00 AM*  
*11-11-11 10:00 AM* *Meta Animal*

DATE: 11-11-11RESTING EKG: 11-11-11REST HR: 111 REST BP: 111/77 MAX HR: 111 MAX BP: 111/77MINUTES WALKED: 11 EXERCISE TOLERANCE: 11 METS: 11.1

NOTES: \_\_\_\_\_

SYMPTOMS NOTED: \_\_\_\_\_

REASON TERMINATED: 11-11-11

R.N. SIGNATURE \_\_\_\_\_

PHYSICIAN'S COMMENTS: \_\_\_\_\_

Original: Patient Chart Copy: Physician/Treadmill

## UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

## DEPARTMENT OF RADIOLOGY

1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102  
(702) 383-2241

#03410

Name: HOLLAND, ROBERT

Sex: M

Age: 48Y

Date of Birth: 01/13/1960

Location: PHM -

Medical Record Number: 000-184-232

Ordering Physician: JOSE JOYA M.D.

Order Number: 90010

Order Date: 01/22/2008

\*\*\*Final Report\*\*\*

Exam Charge Date: Jan 22 2008 7:49AM

PROCEDURE: QCE 0169 - EC METRO CHEST 1 VIEW -- 4739028

CLINICAL HISTORY: Physical.

TECHNIQUE: \

COMPARISON STUDIES: \

FINDINGS: A single PA view of the chest shows the cardiovascular and mediastinal silhouettes to be normal. Both lungs are well expanded and free of evidence of active infiltrate, pleural effusion, or other significant pathology.

IMPRESSION: Normal Chest.

JOSE JOYA M.D.  
JAN 22 2008

Interpreting Radiologist: STEVEN L. TOPHAM M.D.

Dictated at: Jan 22 2008 8:05A

Final Report Signed at: Jan 22 2008 8:05A

Patient: HOLLAND, ROBERT

DOB: 01/13/1960

Account Number: 008511356862 Seq#: 2944

Medical Record Number: 000-184-232

Order Number: 90010 EC METRO CHEST 1 VIEW

Exam Charge Date: Jan 22 2008 7:49AM

The Information contained in this document is privileged and confidential. If you are not the intended recipient, reproduction, dissemination, or distribution of this document is prohibited. If you have received this document by fax in error, please notify the UMC Radiology Department at (702) 383-2241.

354

University Medical Center of Southern Nevada

PHM

1700 Wheeler Peak Street, Las Vegas, NV 89106

#03410

Patient Name : HOLLAND, ROBERT

Patient Acct No.: 8511356862

Med Record No.: 184232

Accession No.: 08-022-01444

Doctor: JOYA, JOSE F

Print Date: 1/22/2008

DOB: 01/13/1960

Sex: Male

## HEMATOLOGY

## COMPLETE BLOOD COUNT

Date 01/22/2008  
Day of Stay Tue  
Time 07:42:00

Procedure		Units	Reference Range
WBC	5.20	K/MM3	[4.30-12.00]
RBC	5.05	M/MM3	[4.50-6.00]
HGB	15.6	g/dL	[13.0-17.0]
HCT	44.9	%	[39.0-54.0]
MCV	88.9	fL	[80.0-100.0]
MCH	30.9	pg	[26.0-34.0]
MCHC	34.7	%	[31.0-36.9]
PLATELET	335	K/MM3	[150-450]
GRAN%	45.6	%	[42.0-71.0]
LYMPH%	43.4	%	[24.0-44.0]
MIXED%	11.0	%	[0-15.0]

## MISCELLANEOUS HEMATOLOGY

Date 01/22/2008  
Day of Stay Tue  
Time 07:42:00

Procedure		Units	Reference Range
SED RATE	1	MM/HR	[0-15]

JOSE JOYA, MD  
JAN 24 2008

## URINALYSIS

## CLINICAL URINALYSIS

Date 01/22/2008  
Day of Stay Tue  
Time 07:42:00

Procedure		Units	Reference Range
COLOR	YELLOW		

Patient Name	HOLLAND, ROBERT	Pl. Acct No.:	8511356862	Location:	PHM	Date:	1/22/2008
PATHOLOGISTS				RESULT FLAGS			
Eduardo P. Acosta, MD	Patrick Knight, MD	L	Low Result	C	Corrected Result		
Laura L. Bilodeau, MD	David A. Mulkey, MD	H	High Result	*	Abnormal Result		
Carol Van Der Harten, MD	Will W. Seaman, MD	P	Panic Value	f	There is a footnote (comment) associated with this result		
Arthur del Rosario, MD	Wansong Qiu, MD						

CRID: 5668973

Page 1 of 2

## University Medical Center of Southern Nevada

PHM

1700 Wheeler Peak Street, Las Vegas, NV 89106

#03410

Patient Name : HOLLAND, ROBERT  
 Patient Acct No.: 8511356862  
 Med Record No.: 184232

Accession No.: 08-022-01444  
 Doctor: JOYA, JOSE F

Print Date: 1/22/2008  
 DOB: 01/13/1960  
 Sex: Male

## URINALYSIS

## CLINICAL URINALYSIS

Date 01/22/2008  
 Day of Stay Tue  
 Time 07:42:00

Procedure	Units	Reference Range
APPEARANCE	CLEAR	
SPEC GRAVITY	1.010	[1.010-1.020]
U LEUKO ESTERASE	NEGATIVE	[NEGATIVE]
U NITRITE	NEGATIVE	[NEGATIVE]
PH	6.0	[5.0-8.0]
U PROTEIN	NEGATIVE	[NEGATIVE]
U GLUC(Quick Care)	NORMAL	[NORMAL]
U KETONES	NEGATIVE	[NEGATIVE]
UROBIL(Quick Care)	NEGATIVE	[NEGATIVE]
U BILIRUBIN	NEGATIVE	[NEGATIVE]
U BLOOD	NEGATIVE	[NEGATIVE]

## H A M E H I S T O R Y

Patient's Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50	Current

Patient Name	PL Acct No.:	Location:	Date:
HOLLAND, ROBERT	8511356862	PHM	1/22/2008
PATHOLOGISTS			
Eduardo P. Acosta, MD	Patrick Knight, MD	L Low Result	C Corrected Result
Laura L. Bilodeau, MD	David A. Mulkey, MD	H High Result	* Abnormal Result
Carol Van Der Harten, MD	Will W. Scamman, MD	P Panic Value	[ There is a footnote (comment) associated with this result
Arthur del Rosario, MD	Wansong Qiu, MD		

# University Medical Center of Southern Nevada

Department of Pathology  
1800 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Medical Director of Laboratories

#03410

Patient Name : HOLLAND, ROBERT  
Hospital No. : 8511356862  
Discharge Date: 01/22/2008

Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE F

Print Date: 1/23/2008  
DOB: 01/13/1960  
Sex: Male

## C H E M I S T R Y

### GENERAL CHEMISTRY

Date 01/22/2008  
Day of Stay Tue  
Time 07:42:00

Procedure GGT 37 H Units IU/L Reference Range [9-36]

### COMPREHENSIVE METABOLIC PANEL

Date 01/22/2008  
Day of Stay Tue  
Time 07:42:00

Procedure	Units	Reference Range
SODIUM	142	MMOL/L [136-145]
POTASSIUM	4.7	MMOL/L [3.5-5.1]
CHLORIDE	108	MMOL/L [98-110]
CO2	25	MMOL/L [22-31]
Anion Gap	9	MMOL/L [8-16]
GLUCOSE	98	MG/DL [70-110]
BUN	14	MG/DL [9-26]
CREATININE	1.1	MG/DL [0.7-1.5]
CALCIUM	9.3	MG/DL [8.8-10.4]
MAGNESIUM	2.5	MG/DL [1.6-2.6]
PHOSPHORUS	2.5	MG/DL [2.3-4.7]
CHOLESTEROL i	188	MG/DL [ <=200]
URIC ACID	7.2	MG/DL [3.5-8.0]
TOTAL PROTEIN	7.1	G/DL [6.4-8.3]
ALBUMIN	5.0	G/DL [3.5-5.0]
GLOBULIN	2.1	G/DL [1.3-3.7]
A/G RATIO	2.4	[0.9-3.5]
AST (SGOT)	30	U/L [5-34]
ALT (SGPT)	60 H	IU/L [0-55]
LDH	174	IU/L [125-243]
ALK PHOS	58	IU/L [40-150]
TOTAL BILI i	0.8	MG/DL [0.0-1.2]
Direct BILI	0.3	MG/DL [0.0-0.5]

Patient: HOLLAND, ROBERT	Hosp. No.: 8511356862	Room: -	Print Date: 1/23/2008
RESULT FLAGS:			
L	Low Result	P	Panic Value
H	High Result	*	Abnormal Result
C	Corrected Result	f	There is a footnote (comment) associated with this result

## University Medical Center of Southern Nevada

Department of Pathology  
1800 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Medical Director of Laboratories

#03410

Patient Name : HOLLAND, ROBERT  
Hospital No. : 8511356862  
Discharge Date: 01/22/2008

Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE F

Print Date: 1/23/2008  
DOB: 01/13/1960  
Sex: Male

## C H E M I S T R Y

## COMPREHENSIVE METABOLIC PANEL

01/22/2008 07:42:00 CHOLESTEROL:  
Total Cholesterol Reference:

< 200 Desirable  
200 - 239 Borderline  
> 240 High

01/22/2008 07:42:00 TOTAL BILI:  
Please note change in Reference Range  
due to change in Reagen Formulation.  
Effective 17-Jan 2008.

## CARDIAC MONITORS

Date 01/22/2008  
Day of Stay Tue  
Time 07:42:00

Procedure	Units	Reference Range
CK 87	IU/L	(30-200)

## LIPID PANEL

Date 01/22/2008  
Day of Stay Tue  
Time 07:42:00

Procedure	Units	Ref Range
CHOLESTEROL i 188	MG/DL	[<=200]
TRIGLYCERIDE 175 H	MG/DL	[<=150]
HDL i 28 L	MG/DL	[>=60]
calculated LDL i 125 H	MG/DL	[<=100]

Patient: HOLLAND, ROBERT	Hosp. No.: 8511356862	Room: -	Print Date: 1/23/2008
RESULT FLAGS:			
L	Low Result	P	Panic Value
H	High Result	*	Abnormal Result
C	Corrected Result	f	There is a footnote (comment) associated with this result

## University Medical Center of Southern Nevada

#03410

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Medical Director of LaboratoriesPatient Name : HOLLAND, ROBERT  
Hospital No. : 8511356862  
Discharge Date: 01/22/2008Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE F.Print Date: 1/23/2008  
DOB: 01/13/1960  
Sex: Male

## C H E M I S T R Y

## LIPID PANEL

01/22/2008 07:42:00 HDL:

HDL Cholesterol Reference:

< 40 Low  
=> 60 High

01/22/2008 07:42:00 calculated LDL:

LDL Cholesterol Reference:

< 100 Optimal  
100 - 129 Near Optimal/Above Optimal  
130 - 159 Borderline High  
160 - 189 High  
=> 190 Very High

## N a m e H i s t o r y

Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50	Current



Patient: HOLLAND, ROBERT	Hosp. No.: 8511356862	Room: -	Print Date: 1/23/2008
RESULT FLAGS:	L Low Result	P Panic Value	
	H High Result	* Abnormal Result	
	C Corrected Result	f There is a footnote (comment) associated with this result	

# University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102  
 Laura L. Biledeau, M.D., Medical Director of Laboratories

#03410

Patient Name : HOLLAND, ROBERT  
 Hospital No. : 8511356862  
 Discharge Date: 01/22/2008

Room: PHM: -  
 MRN: 184232  
 Doctor: JOYA, JOSE F

Print Date: 1/23/2008  
 DOB: 01/13/1960  
 Sex: Male

### IMMUNOCHEMISTRY

### SEROLOGY

Date 01/22/2008  
 Day of Stay Tue  
 Time 07:42:00

Procedure RPR      Units      Reference Range  
 NON REACTIVE      [NON REACTIVE]

### Name History

Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50	Current

Patient: HOLLAND, ROBERT	Hosp. No.: 8511356862	Room: -	Print Date: 1/23/2008
RESULT FLAGS:	L. Low Result	P. Panic Value	
	H. High Result	* Abnormal Result	
	C. Corrected Result	f. There is a footnote (comment) associated with this result	

## University Medical Center of Southern Nevada

Department of Pathology  
1800 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodenu, M.D., Medical Director of Laboratories

#03410

Patient Name : HOLLAND, ROBERT  
Hospital No. : 8511356862  
Discharge Date: 01/22/2008

Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE F

Print Date: 1/23/2008  
DOB: 01/13/1960  
Sex: Male

## I M M U N O C H E M I S T R Y

## HEPATITIS

Date 01/22/2008  
Day of Stay Tue  
Time 07:42:00

Procedure	Units	Reference Range
Hepatitis A Antibody, IGM	NON REACTIVE	[NON REACTIVE]
Hepatitis B Surface Antigen i	NON REACTIVE	[NON REACTIVE]
Hepatitis B Core Antibody, IGM	NON REACTIVE	[NON REACTIVE]
Hepatitis C Antibody	NON REACTIVE	[NON REACTIVE]

01/22/2008 07:42:00 Hepatitis B Surface Antigen:

HBSAG reactivity should be correlated with patient history and the presence of other hepatitis markers.

## Name History

Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50	Current

Patient: HOLLAND, ROBERT	Hosp. No.: 8511356862	Room: -	Print Date: 1/23/2008
RESULT FLAGS:	L Low Result	P Panic Valve	
	H High Result	* Abnormal Result	
	C Corrected Result	f There is a footnote (comment) associated with this result	

## University Medical Center of Southern Nevada

PHM

1700 Wheeler Peak Street, Las Vegas, NV 89106

#03410

Patient Name : HOLLAND, ROBERT

Patient Acct No.: 8511632353

Med Record No.: 184232

Accession No.: 08-043-01644

Doctor: JOYA, JOSE F

Print Date: 2/12/2008

DOB: 01/13/1960

Sex: Male

## URINALYSIS

## MISCELLANEOUS URINALYSIS

Date 02/12/2008  
 Day of Stay Tue  
 Time 08:30:00

Procedure Units Reference Range  
 OCCULT BLOOD NEGATIVE [NEGATIVE]

## NAME HISTORY

Patient's Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50	Current

JOSE JOYA MD  
 FEB 12 2008

Patient Name	Pl. Acct No.	Location	Date
HOLLAND, ROBERT	8511632353	PHM	2/12/2008
PATHOLOGISTS		RESULT FLAGS	
Eduardo P. Acosta, MD	Patrick Knight, MD	L Low Result	C Corrected Result
Laura L. Bilodeau, MD	David A. Mulkay, MD	H High Result	* Abnormal Result
Carol Van Der Harten, MD	Will W. Scammun, MD	P Panic Value	f There is a footnote (comment) associated with this result
Arthur del Rosario, MD	Wansong Qiu, MD		

0227

RECEIVED 06/13/2019 CCMSI-LVMPD

Physical Taken  
02-17-09

#03410

UNIVERSITY MEDICAL CENTER  
ENTERPRISE PHYSICALS  
1700 Wheeler Peak St.  
Las Vegas, NV 89106

Las Vegas Metropolitan Police Dept.  
101 Convention Center Drive  
Las Vegas, NV 89109

Dear Sir/Madam:

As a result of the recent physical examination of your employee identified below and in compliance with the Nevada Revised Statutes, Chapter 617, we are notifying you of the following predisposing physical, laboratory, x-ray or testing abnormalities, which may lead to the employee contracting heart and/or lung disease.

Additionally, we are enclosing methods by which the employee may correct these conditions in an effort to avoid any heart and/or lung complications in the future. These recommendations must be provided to the employee.

Effective October 1, 1991, NRS, Chapter 617 also provides that any physical examination must include a hearing test.

PREDISPOSING CONDITIONS: An X indicates a predisposing condition may have been identified.

<input type="checkbox"/> Abnormal pulmonary function tests	<input type="checkbox"/> Abnormal Chest X-ray	<input type="checkbox"/> Smoker
<input checked="" type="checkbox"/> Elevated Cholesterol 223	<input checked="" type="checkbox"/> Abnormal Hearing	<input type="checkbox"/> Overweight
<input checked="" type="checkbox"/> Elevated Triglycerides 177	<input type="checkbox"/> Abnormal Stress Test	
<input type="checkbox"/> History of Cardiovascular disease		
<input type="checkbox"/> Other Abnormal Labs LDL 163		

CORRECTIVE MEASURES TO BE TAKEN BY THE EMPLOYEE:

<input type="checkbox"/> Follow-up Pulmonary Function Test	<input type="checkbox"/> Repeat Chemistry Panel	<input type="checkbox"/> Stop Smoking
<input type="checkbox"/> Repeat Urinalysis	<input type="checkbox"/> Repeat CBC	
<input type="checkbox"/> Lose Wt.: No. Lbs _____	<input type="checkbox"/> Follow-up abnormal tests with Primary Physician	

PATIENT:

MR#

PHYSICAL DATE:

ACCOUNT NUMBER:

ENC# 15481773 49 DOB 1/13/1960  
HOLLAND, ROBERT  
ENTERPRISE PHYSICALS  
MR# 000-184-232 ADM 3/09/2009

Form # 05-075 (1/92, 7/95, 11/05, 3/08)

Paul Hep. conf.

00225

0228

RECEIVED 06/13/2019 CCMSI-LVMPD

#03410

UNIVERSITY MEDICAL CENTER  
 ENTERPRISE PHYSICALS  
 1700 Wheeler Peak St.  
 Las Vegas, NV 89106

Page 2

## COMMENTS:

1. The periodic Health Questionnaire shows:  
 Otherwise no significant responses. The employee is a non-smoker.
2. The Physical Exam shows: Wt. 221 Ht. 5'11"  
 Otherwise is within normal limits.  
 Blood Pressure is 122/76
3. Pure tone Audiogram-Hearing test shows
4. Spirometry shows
5. Treadmill Stress Test/EKG shows
6. Chest X-RAY shows
7. Laboratory Work

AB normal exam.  
 a normal exam.  
 negative for ischemia.  
 a normal exam.  
 is essentially within normal limits.

↑ CHOLESTEROL/TRIGLYCERIDES (+) Hep B core

The following tests were outside the range of laboratory normals. They appear to be not clinically significant or have low probability of being caused by a disease process- a second opinion by the employee's Primary Care Physician is always an option.

CORRECTIVE ACTION: HEARING PROTECTION,

Whenever an employee is notified of the need for corrective action based on the results of the physical examination, it is imperative that the employee take the recommended corrective action. Failure to obtain or make progress toward the recommended corrective action may constitute a predisposing condition that may make the employee ineligible for coverage for a worker's compensation claim related to that condition. Corrective action taken must be accomplished at the employee's expense and must be documented. Such documentation must be provided to the Personnel Department along with any continuing follow up related to the corrective action.

In conclusion with all the information that has been provided to me, it appears that the employee is in good health and remains acceptable for employment.

Physician Signature

Date

JOSE JOYA MD  
 MAR 13 2009

ENC# 15481773 49 DOB 1/13/1960  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 MR# 000-184-232 ADH 3/09/2009

Form # 05-075 (1/92, 7/95, 11/05, 3/08)

0229  
RECEIVED 06/13/2019 CCMIS-LVMPD

EMPLOYEE'S NAME: HOLLAND ROBERT  
 PN:3410 DOB 09/11/87  
 Traffic Bureau  
 TR 24

:AL

ENC# 15251102  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 PR# 000-184-232

#03410

49 DOB 1/13/1960

ADM 2/17/2009

**READ AND FOLLOW ALL INSTRUCTIONS THOROUGHLY**

1. YOU MUST SET UP YOUR APPOINTMENT WITHIN 7 DAYS OF RECEIPT OF YOUR PHYSICAL EXAM PACKAGE. To schedule an appointment, please call Health Detail at 828-3695, Monday through Friday from 0800-1600 hours.  
 YOUR EXAMINATION WILL BE COMPLETED AT THE FOLLOWING LOCATION:

UMC PHYSICALS DEPT.  
 1700 WHEELER PEAK DR.  
 LAS VEGAS, NV 89106  
 (702) 383-3660 (PLEASE CALL IF YOU ARE GOING TO BE LATE OR  
 NEED TO CANCEL)

CONTACT AOST 828-2754 TO SCHEDULE OR CONFIRM TRAINING DATE

2. If you miss the FIRST PHASE OF YOUR APPOINTMENT, you will have to call HEALTH DETAIL AT 828-3695 to reschedule. IF YOU MISS THE SECOND PHASE OF YOUR PHYSICAL, CALL UMC AT 383-3660 TO CANCEL / RESCHEDULE.
3. Blood work can be done as a WALK IN basis, Monday thru Friday from 0700-1530 hours. THE BLOOD DRAW MUST BE DONE WITHIN 30 DAYS OF YOUR PHYSICAL.
4. Examinee MUST FAST TWELVE (12) HOURS BEFORE BLOOD WORK. No food or beverage (water is allowed). You may continue your prescribed medication. PLEASE DO NOT EXERCISE 24 HOURS PRIOR TO YOUR PHYSICAL AND BLOOD WORK!!!
5. Your appointment must be made for ON-DUTY hours. Overtime is not authorized. Supervisors are encouraged to adjust shifts in order to accommodate available hours.
6. Department procedure 5/101.20, may require negative sanctions and does require a memorandum from the appropriate Office/Bureau/Area Commander, for the following reasons:  
 a. Failure to schedule or reschedule any portion of their annual physical exam during their birth month.  
 b. Missed or canceled appointment for any reason.  
 c. Failure to complete any portion of the physical exam.
7. Examinee MUST COMPLETE the attached questionnaire BEFORE reporting for the examination.
8. Persons with an appointment SHOULD REPORT DIRECTLY TO UMC, with tennis shoes, shorts or sweat pants for wear during the Cardiac (stress) test. Please mention if a bike stress test is medically necessary when making appointment.
9. This cover sheet DOES NOT need to be returned to Health Detail upon the completion of examination. A copy of the medical results will be given to the employee by physician during the second phase of the physical
10. When you receive your original copy from UMC please retain for your records.

EXAMINATION DATE: 2/17/09

EXAMINATION TIME: 0700

EXAMINATION COMPLETED BY:

PRIYA KOTHARI MD  
 (PHYSICIAN'S SIGNATURE)

0230  
RECEIVED 06/13/2019 CCMSI-LVHMD

#03410

## IMPORTANT INFORMATION REGARDING PHYSICAL EXAMINATIONS

Industrial insurance benefits are available to all qualified police officers and firemen who acquire lung and heart diseases. To qualify, certain minimum employment requirements must be met and firemen and police officers are required to submit to physical examinations.

Nevada Revised Statutes, NRS 617.455 and 617.457, provide that, under certain circumstances, all lung and heart diseases for police officers and firemen, and lung diseases for volunteer firemen, are conclusively presumed to have arisen out of and in the course of employment.

The Nevada Administrative Code (NAC), Chapter 617, provides the administrative requirements for all police officers and firemen who are required to submit to physical examinations in order to receive industrial insurance benefits pursuant to NRS 617.455 and 617.457. These requirements detail the frequency of examinations, the minimum requirements for the exams, the duties of the employer, and the duties of the employee.

Failure to correct the condition(s) as described in the examination report, which you have received this date, may result in loss of benefits due you under Nevada Revised Statute 617, Occupational Diseases, if it is within your ability to correct it/them.

I, ROBERT HOLLAND acknowledge receipt of my annual physical

(EMPLOYEE'S NAME - PLEASE PRINT)

examination results on the attached pages. I have been advised of any predisposing conditions, suggested corrective measures, and comments made by the attending physician. I understand I am responsible for the corrective actions listed as well as notifying Health and Safety Services, within a reasonable length of time, of any and all corrective measures taken by me to resolve.



EMPLOYEE'S SIGNATURE

Id

DATE

3410

3/5/09

0231

RECEIVED 06/13/2019 CCMSI~LVMPD. 000-184-232 Slip/Enc No: 15251168  
 Spec: MCP PCP: 0000 Date: 2/17/09 Acct Type: CA PANY ACCT  
 Time: 7:00 AM Sign Date: 2/17/09 ESJPETAISH  
 Patient: ROBERT HOLLAND SS#: 530-64-2969  
 Address: 101 CONVENTION CENTER DR (PO) Sex: M DOB: 1/13/1960 Age: 49 #03410  
 LAS VEGAS, NV 89109 Home Phn: (000) 000-0000  
 Work Phn: (702) 656-1299 Cell: (702) 813-8412 Pt Employer: 00000  
 Reason: METRO PO Memo: TMT

Guarantor: HEALTH DETAIL

Guar Phn: (000) 000-0000

Ins# Carrier

Policy

Start

Stop

Seq

**PLEASE HAVE PERSONNEL INITIAL TIME ARRIVED AND TIME LEAVING; INDICATE ANY COMMENTS WHY TEST WAS NOT DONE, FOR WHATEVER REASON!**

CONTACT PHONE \_\_\_\_\_

DATE PHYSICAL SCHEDULED:			DATE RESCHEDULED:		
DEPARTMENT	TIME ARRIVED	INITIAL	TIME LEAVING	INITIAL	COMMENTS
LAB DRAW (Must fast 12 hours prior to draw, you may drink water during this fasting period)	735	CA			T RAC Amenity
AUDIOLOGY	0725	Uer	0730	Uer	
PULMONARY		Uer		Uer	
<u>STRESS TEST/</u> RESTING EKG/ STAIRMASTER/ BICYCLE/	755	CA	815	CA	
CHEST X-RAY	715	gh	718	gh	
PHYSICAL EXAM		pk			
TB SKIN TEST				740	CA

OFFICERS COMMENTS / SUGGESTIONS:

0232

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\*03410

# Firemen And Police Officer's Medical History Form

To the Fireman or Police Officer: Please complete this form prior to your examination and present the completed form to the medical examiner. If the same examiner conducts both heart and lung examinations in any one year, only one History form need be completed.

Name (Last, First, Middle) <b>HOLLAND ROBERT</b>	Age <b>49</b>	Date of Birth <b>11/3/60</b>
Address <b>740 SAND PEBBLE LN</b>	Organization/Employer <b>LVMPD</b>	
Personal Physician's Name <b>JIM CHRISTENSEN</b>	Occupation <b>P.O.</b>	

IF THE ANSWER TO ANY QUESTION ON THIS FORM IS "YES", PLEASE EXPLAIN IN THE SPACE PROVIDED FOR ON THE REVERSE SIDE.

1. Have you ever had any trouble with your heart or been told that you had trouble with your heart?
2. Have you ever been treated for high blood pressure or ever been told that your blood pressure was not normal?
3. In the past five years, have you been hospitalized overnight for any reason?
4. In the past twelve (12) months, have you seen a doctor for anything other than routine checkups?
5. Have you, or any of your immediate family (father, mother, sister, and/or brother) ever had any of the following?

YES	NO
	X
	X
	X
X	

Allergies (asthma, hayfever, bronchitis, skin rash, eczema)?

Eye trouble (other than corrective lenses)?

Blood pressure trouble?

High blood pressure?

Heart trouble?

Heart attack?

Diabetes?

Stroke?

Gout?

YES	NO
	X
	X
	X
	X
	X
	X
	X
	X
	X

6. Do you smoke? If you answer yes, indicate how much per day.

Number of packs, cigars, pipebats, etc.
---

7. Have you experienced any prolonged shortness of breath?

8. Do you have regular episodes of coughing?

9. Do you drink alcoholic beverages? If yes, indicate daily quantity.

Indicate beverage and quantity

Quantity

10. How many cups of coffee do you usually drink per day?

11. Do you consider yourself overweight?

YES	NO
	X
	X
	X
	X
	X
	X
	X

THE ANSWERS TO THE QUESTIONS ASKED ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Signature

Date

2/17/09

CM 10-1 (Rev. 2-00)

0233  
RECEIVED 06/13/2019 CCMSI-LVMPD

#03410

Firemen And  
Police Officer's  
Lung Examination  
Form

Name (Last, First, Middle) HOLLAND ROBERT	Sex M	Date of Examination 2/17/09
Address 7409 SANDPITBLE LN.	Age 49	Date of Birth 1/13/60
Personal Physician's Name JIM CHRISTENSEN	Occupation P.O.	

## PHYSICAL

HEIGHT

5' 11

BLOOD PRESSURE

122/76

WEIGHT

221

OVERWEIGHT?

YES

NO

## CHEST X-RAY

NORMAL

ABNORMAL  
(Specify)

## STETHOSCOPIC EXAMINATION OF THE LUNGS

NORMAL

ABNORMAL  
(Specify)

## SPIROMETER TEST\* (OPTIONAL FOR VOLUNTEER FIREMAN)

NORMAL

ABNORMAL  
(Specify)

\*Spirometer testing is to be conducted in accordance with Social Security Regulations entitled "Rules for Determining Disability and Blindness", SSA Publication No 64-014, I.C.N. 436850, June 1985

It is recommended that you contact your personal physician for advice concerning correction of . . .

Examiner's Signature

PRIYA KOTHARI, MD

Date

3/9/09

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature

Date

2/17/09

0234  
RECEIVED 06/13/2019 CCMIS-LVMPD

#03410

Firemen And  
Police Officer's  
Extensive Heart  
Examination Form

Name (Last, First, Middle) <b>HOLLAND ROBERTS</b>	Sex <b>M</b>	Date of Examination <b>2/17/09</b>
Address <b>7409 SAND PEBBLE</b>	Age <b>49</b>	Date of Birth <b>1/13/60</b>
Personal Physician's Name <b>JIM CHRISTENSEN</b>	Occupation <b>P.O.</b>	

## PHYSICAL

HEIGHT

BLOOD PRESSURE

WEIGHT

OVERWEIGHT?

 YES NO

EKG

**NORMAL**ABNORMAL  
(Specify)

## STRESS EKG\*

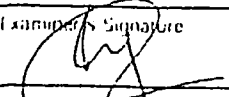
**NORMAL**ABNORMAL  
(Specify)\*If 40 years old or older or if abnormalities with resting EKG and  
no contraindications to performing test exist.

## STETHOSCOPIC EXAMINATION OF THE HEART


**NORMAL**ABNORMAL  
(Specify)

Triglycerides	Cholesterol	Urine Glucose
---------------	-------------	---------------

It is recommended that you contact your personal physician for advice concerning correction of . . .  
↑ cholesterol, diet & exercise.

Examiner's Signature 	DR. PRIVA KOTUADI MD	Date <b>3/9/09</b>
---	----------------------	-----------------------

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature 	Date <b>2/17/09</b>
---	------------------------

Continued on Page 2 (Rev. 7/99)

0235

RECEIVED 06/13/2019 CCMSI-LVMPD

LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
REPORT OF PHYSICAL EXAMINATION

REPORT TO

703410

DATE

TIME

## CANDIDATE/EMPLOYEE WILL COMPLETE THIS PORTION

Name HOLLAND ROBERT Address (Number & Street) 740 SAND PEBBLE (City) LAS VEGAS (State) NV (Zip) 89129  
 Position P.O. Bureau/Unit TRAFFIC Medical Group ☐ A ☐ B ☐ C ☐ D ☐ E Date of Birth 11/3/60 Marital Status ☒ Married ☐ Divorced ☐ Widowed  
 Reason for Examination ☐ Original ☒ Annual ☐ Rehire ☐ Return to Work ☐ Extension Past Normal Retirement ☐ Other 3 # of Children 3

Name of Physician JIM CHRISTENSEN Address (include zip code) 300 CATHEDRAL ROCK #200 (City) 89129 Phone 702-7707

## MEDICAL CLINIC WILL COMPLETE THIS PORTION

Height 5'11" Weight 221 Vital Capacity 98 % Temperature 98 Blood Pressure (sitting) (S) 122 (D) 76 Pulse (before exercise) 78 Pulse (after 2 min rest after exercise) 78  
 Vision FAR without glasses R 20/ 20 L 20/ 20 with glasses R 20/ 20 L 20/ 20 NEAR without glasses R 20/ 20 L 20/ 20 with glasses R 20/ 20 L 20/ 20

Peripheral Vision Right 70 Left 70 Both 140 Color Perception Normal Color Red Green Y W Color Plates

Normal Abnormal  
 1 Build Slender Medium Heavy Obese

## DESCRIBE EACH ABNORMALITY IN DETAIL

2 Head, Neck, Thyroid, Lymph Nodes  
 3 Eyes. EOM Pupils  
 4 Ears. Ear Drums  
 5 Nose and Sinuses  
 6 Mouth and Throat: Tonsils  
 7 Teeth. Caries Gums  
 8 Heart. RSR Murmur  
 9 Chest and Lungs  
 10 Breasts (women over 15)  
 11 Abdomen  
 12 Inguinal and Femoral Rings, Lymph Nodes  
 13 Anus, Rectum and Prostate (men over 40)  
 14 Genitalia (males only)  
 15 Back Max Antero-Flexion (On Toes) Max Lateral Mobility  
 (see 15 days for medical group A and B)  
 16 Extremities Flat Feet  
 17 Leg Veins, Pedal Arteries (over age 45)  
 18 Skin (identifying body marks, scars, tattoos)  
 19 Neurologic (gait, reflexes, etc.)  
 20 Psychiatric (shifting and being from secondary obvious personality disorder)

It aware about abnormal Hep B result. He is getting further lab work done.

## LABORATORY

(V If positive order microscopic)

Blood: Hemoglobin Hematology Urinalysis: Sugar Albumin S.P.G.R.

## MEDICAL SUMMARY

REMARKS and/or additional history by examining physician

## CHECK ONE

- ☒ This candidate is **ACCEPTABLE** for employment in this capacity  
☐ This candidate **REQUIRES** further professional evaluation  
☒ This candidate **CANNOT** wear a respirator (List any restrictions)  
 Employee has had prior inoculation to Hepatitis A ☐ Y ☐ N  
 Employee has had prior inoculation to Hepatitis B ☐ Y ☐ N

☐ This candidate is **NOT ACCEPTABLE** for employment in this capacity due to physical or mental restrictions which are a result of the following condition (explain)

## RESTRICTION

## CONDITION

Date 3/1/09.Signature of Examining Physician DR. KOTHARI MD

MD

LVMPD HRO 8 (REV 7/04)

0236

RECEIVED 06/13/2019 CCMSI-LVMPD

#03410

Firemen And  
Police Officer's  
Hearing  
Examination Form

Name (Last, First, Middle) <b>HOLLAND ROBERT</b>	Sex <b>M.</b>	Date of Examination <b>2/17/09</b>
Address <b>7409 SAND PEBBLE LN</b>	Age <b>49</b>	Date of Birth <b>1/13/60</b>
Personal Physician's Name <b>JIM CHRISTENSEN</b>	Occupation <b>P.O.</b>	

## Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,  
and 4K Results:
Average of 2K, 3K,  
and 4K Results:

## Otososcopic Examination

## Remarks

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

L abn

## RECOMMENDATIONS

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Audiometer		Serial Number	Calibration Date
Tester's Name		Title	Tester's Signature
			Test Date and Time

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature 	Date <b>2/17/09</b>
---	------------------------

0237  
RECEIVED 06/13/2019 CCMSI~LVMPD

2/17/2009

## Subject Information:

Company: UNIVERSITY MEDICAL CENT Hire Date:  
 SSN: 530-64-2969 Language: English  
 Name: HOLLAND, ROBERT Location: ENTERPRISE  
 Birth Date: 1/13/1960  
 Sex: M  
 Status: Active  
 In Program: Yes

## Comment:

## Audiograms:

Date	Time	Baseline	Left Thresholds							Right Thresholds							ANSI S3.6-1989 2K, 3K, 4K Results	
			500	1K	2K	3K	4K	6K	8K	500	1K	2K	3K	4K	6K	8K	Left	Right
1/22/2007	8:17:15		10	10	5	0	45	10	15	10	0	0	0	15	10	15	Missing or invalid d	Missing or invalid d
1/22/2008	7:16:37	S	15	10	5	10	35	20	25	5	0	5	0	10	20	25	First Test	First Test
2/17/2009	7:24:20		15	15	5	10	40	20	25	10	5	0	0	10	15	25	No Change	No Change

## Most Recent Test:

Examiner:  
 Model: CCA-200  
 Hours Since Last Exposure:  
 Exposure: YES  
 Department: METRO  
 Job:  
 Shift:  
 Protector Type:  
 Protector Use: Always used

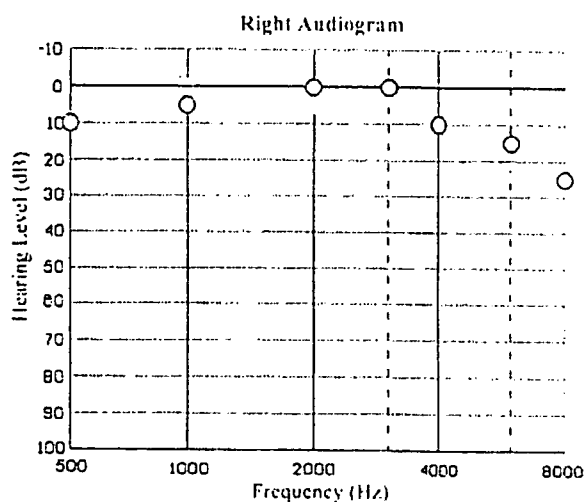
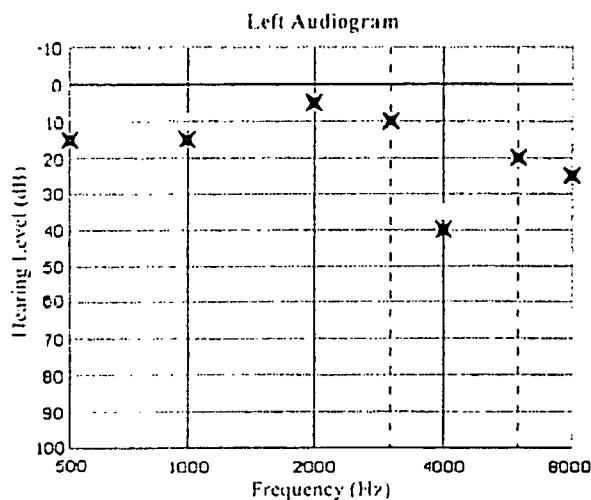
Serial: 20369  
 Cal Date: 12/8/2008  
 Lt Otoscope:  
 Rt Otoscope:  
 Training:  
 Refer Subject:  
 Self Eval:

## Comment:

## Most Recent Analysis:

Standard Threshold Shift (with Age Correction):  
 Possible OSHA Recordable Shift: 29 CFR 1904.10 - 2002  
 Current OSHA STS Trend (2,3,4K Avg.):  
 Speech Frequency Average (0.5,1,2,3K Avg.):  
 High Frequency Average (4,6,8K Avg.):

Left		Right	
0.6	No	-2.6	No
	No		No
18		3	
11	Normal	3	Normal
25	Mild	16	Normal



x Left o Right □ Baseline

Examiner

Date

ENC# 15251168 49 DOB 1/13/1960  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 MR# 000-184-232 ADM 2/17/2009

Date

Subject Summary

0238

RECEIVED 06/13/2019 CCMSI-LVMPD

**Pulmonary Function Report**University Medical Center  
University Medical Center

#03410

Screener Report

**Patient Information**

Name: HOLLAND, ROBERT

ID: 000 184 232

Birthdate: 1/13/1960

Height at test (in): 71.0

Sex: Male

Smoking history (pk-yr): 0

Weight at test (lb): 221.0

Age at test: 49

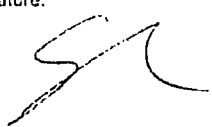
Predicted set: Hankinson (NHANES III)

Comments: METRO

Diagnosis:

**Interpretation**

NORMAL SPIROMETRIC VALUES indicate the absence of any significant degree of obstructive pulmonary impairment and/or restrictive ventilatory defect. This interpretation is valid only upon physician review and signature.



Site:

Effort protocol: ATS 1987

Test date/time: 02/17/09 08:02:32 AM

Physician:

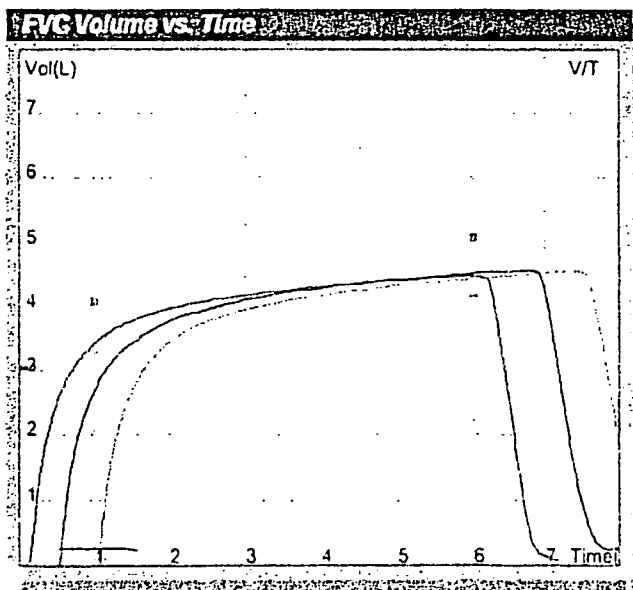
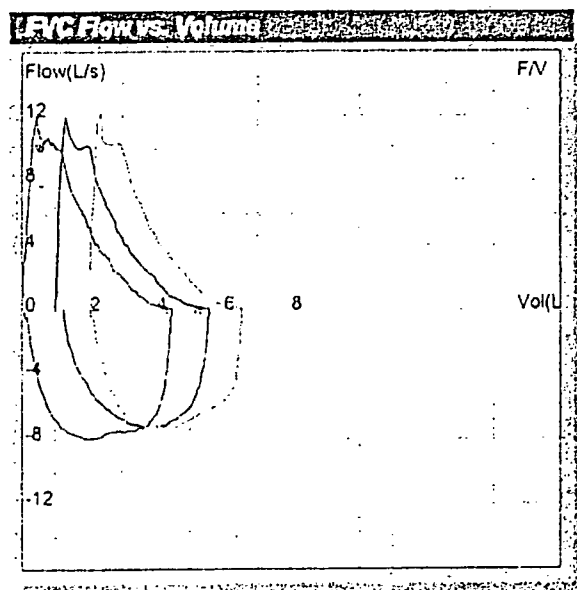
Number of efforts performed: 3

Technician: Peggy

**Results**

Result	Pred	Best	%Prd	Cons	%Prd	Cons	%Prd
FVC (L)	5.26	4.48	85%	4.57	87%	4.54	86%
FEV1 (L)	4.09	3.57	87%	3.47	85%	3.50	86%
FEV1/FVC	0.78	0.80	102%	0.76	97%	0.77	99%
FEF25-75% (L/s)	3.62	3.27	90%	2.73	75%	2.90	80%
PEFR (L/s)	10.10	11.99	119%	11.92	118%	12.24	121%
Veht %	---	2.42	---	1.53	---	1.46	---

Test comments:



0239  
RECEIVED 06/13/2019 CCMSI-LVMPD

003410

## UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

## METRO/CCFD TREADMILL STRESS TEST

The patient exercised for 7:44 minutes on standard Bruce protocol.  
Baseline heart rate 76 beats per minute and baseline blood pressure 122/80.  
With exercise, the heart rate went up to 146 beats per minute which is 85% target heart rate, 10.1 METs and blood pressure of 152/86.  
Baseline EKG shows sinus rhythm. No acute changes.  
Symptoms noted: None  
Reason for termination: Target heart rate.

## IMPRESSION:

1. EKG STRESS TEST IS NEGATIVE FOR ISCHEMIA
2. FAIR EXERCISE CAPACITY NOTED.
3. NORMAL BLOOD PRESSURE RESPONSE.

Stephen Sayran, M.D.  
SS/pal  
DT: 2-19-09

JOSE JOYA, MD

FEB 25 2009

=====

MR #: METRO  
NAME: HOLLAND, ROBERT  
ENCOUNTER #: 15251168  
DATE: 2-17-09  
DOB: 1-13-60  
PHYSICIAN:

SEX:  
RM #:  
AGE:

METRO/CCFD TREADMILL STRESS TEST

0240  
RECEIVED 06/13/2019 CCMIS-LVMPD

#03410

UNIVERSITY MEDICAL CENTER  
OF SOUTHERN NEVADA

## TREADMILL STRESS TEST

Holland Robert  
000-184-232  
15251168  
DOB 1-13-60  
Metro stroum

DATE: 2 17 09

RESTING EKG: R00

REST HR: 76 REST BP: 122/80 MAX HR: 146 MAX BP: 152/82  
MINUTES WALKED: 7:44 EXERCISE TOLERANCE: Good METS: 10.1  
NOTES: R00

absent to heart no 5.7mwa change

SYMPTOMS NOTED: 16

REASON TERMINATED: chest 85 L-7742

R.N. SIGNATURE

PHYSICIAN'S COMMENTS:

Original: Patient Chart Copy: Physician/Treadmill

Form # 99-083

0241

RECEIVED 05/13/2019 CCMSI~LVMPD

## MEDICAL CENTER OF SOUTHERN NEVADA

## DEPARTMENT OF RADIOLOGY

1300 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102  
(702) 383-2241

03410

Name: HOLLAND, ROBERT

Sex: M

Age: 49Y

Date of Birth: 01/13/1960

Location: PHM -

Medical Record Number: 000-184-232

Ordering Physician: JOSE JOYA M.D.

Order Number: 90012

Order Date: 02/17/2009

## \*\*\*Final Report\*\*\*

Exam Charge Date: Feb 17 2009 7:13AM

PROCEDURE: QCE 0169 - EC METRO CHEST 1 VIEW -- 5112674

CLINICAL HISTORY: Physical Comparison: June 22, 2008

TECHNIQUE: \

COMPARISON STUDIES: \

FINDINGS: A single PA view of the chest demonstrates the cardiovascular and mediastinal silhouettes to be normal. Both lungs are well expanded and free of evidence of active infiltrate, pleural effusion, or other significant pathology.

## IMPRESSION:

NORMAL CHEST.

Enterprise Care Center

FEB 17 2009

Reviewed by Dr.

JOSE JOYA, MD

Date of review

FEB 17 2009

Interpreting Radiologist: DIANNE MAZZU M.D.

Dictated at: Feb 17 2009 7:42A

Final Report Signed at: Feb 17 2009 7:42A

Patient: HOLLAND, ROBERT

DOB: 01/13/1960

Account Number: 008515251168 Seq#: 1278

Medical Record Number: 000-184-232

Order Number: 90012 EC METRO CHEST 1 VIEW

Exam Charge Date: Feb 17 2009 7:13AM

The information contained in this document is privileged and confidential. If you are not the intended recipient, reproduction, dissemination, or distribution of this document is prohibited. If you have received this document by fax in error, please notify the UMC Radiology Department at (702) 383-2241.

0242

RECEIVED 06/13/2019 CCMSI-LVHFD


## Message Confirmation Report

FEB-19-2009 11:33 AM THU \* 0 3 4 1 0

Xerox WorkCentre 4118 Series

Machine ID : UMC PHYS  
 Serial Number : YHT196329.....  
 Fax Number : 7022078862

Name/Number : 99207635  
 Page : 2  
 Start Time : FEB-19-2009 11:32AM THU  
 Elapsed Time : 00'46"  
 Mode : STD ECM  
 Results : O.K

	PATIENT ACCESS SERVICES
	FAX COVER SHEET

UMC PHYSICALS DEPARTMENT  
 Phone (702) 383-3660  
 Fax (702) 207-8862

To: Dr. Heck	From: Dr. Joya
Fax: 920-7635	Phone: 383-3660
Phone:	Date: 2.19.09
RE: Holland, Robert	

Urgent    For Review    Please Comment    Please Reply    Please Destroy

• Comments: Hep B results.

Note: The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The unauthorized receipt of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information if its stated need has been fulfilled.

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Should this copy be illegible or incomplete, please call the number referenced above immediately for retransmission.

UMC PHYSICALS DEPARTMENT  
 1700 WHEELER PEAK DR.  
 LAS VEGAS, NV. 89106

0243

RECEIVED 05/13/2019 CCMSI-LVMD

## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Holodan, M.D., Medical Director of Laboratories

03410

Patient Name: HOLLAND, ROBERT  
 Hospital No: 8515251168  
 Discharge Date: 02/17/2009

Room: PHM: -  
 MRN: 184232  
 Doctor: JOYA, JOSE F

Print Date: 2/17/2009  
 DOB: 01/13/1960  
 Sex: Male

## HEMATOLOGY

## COMPLETE BLOOD COUNT

Date: 02/17/2009  
 Day of Stay: Tue  
 Time: 07:32:00

Procedure	Units	Reference Range
WBC	6.20 K/MM3	[4.20-12.00]
RBC	5.22 M/MM3	[4.50-6.00]
HGB	15.8 g/dL	[13.0-17.0]
HCT	47.7 %	[39.0-54.0]
MCV	91.4 fL	[80.0-100.0]
MCH	30.3 pg	[26.0-34.0]
MCHC	33.1 %	[31.0-36.9]
PLATELET	316 K/MM3	[150-450]
GRAN%	52.7 %	[42.0-71.0]
LYMPH%	33.7 %	[24.0-44.0]
MIXED%	13.6 %	[0-15.0]

## MISCELLANEOUS HEMATOLOGY

Date: 02/17/2009  
 Day of Stay: Tue  
 Time: 07:32:00

Procedure	Units	Reference Range
SED RATE i	4 f	MM/HR [0-15]

02/17/2009 07:32:00 SED RATE:

Reference Range changed effective 10-08-2008.

02/17/2009 07:32:00 SED RATE:

slot # 5

JOSE JOYA, MD  
 FEB 19 2009

Patient: HOLLAND, ROBERT	Hosp. No: 8515251168	Room: -	Print Date: 2/17/2009
<b>RESULT FLAGS:</b>			
L	Low Result	P	Panic Value
H	High Result	*	Abnormal Result
C	Corrected Result	f	There is a footnote (comment) associated with this result

0244  
RECEIVED 06/13/2019 CCMSI-LVHFD

## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilodeau, M.D., Medical Director of Laboratories

#03410

Patient Name: HOLLAND, ROBERT  
Hospital No: 8515251168  
Discharge Date: 02/17/2009Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE FPrint Date: 2/17/2009  
DOB: 01/13/1960  
Sex: Male

## U R I N A L Y S I S

## CLINICAL URINALYSIS

Date: 02/17/2009  
Day of Stay: Tue  
Time: 07:32:00

Procedure	Units	Reference Range
COLOR	YELLOW	
APPEARANCE	CLEAR	
SPEC GRAVITY	1.015	[1.010-1.020]
U LEUKO ESTERASE	NEGATIVE	[NEGATIVE]
U NITRITE	NEGATIVE	[NEGATIVE]
PH	5.0	[5.0-8.0]
U PROTEIN	NEGATIVE	[NEGATIVE]
U GLUC(Quick Care)	NORMAL	[NORMAL]
U KETONES	NEGATIVE	[NEGATIVE]
UROBIL(Quick Care)	NEGATIVE	[NEGATIVE]
U BILIRUBIN	NEGATIVE	[NEGATIVE]
U BLOOD	NEGATIVE	[NEGATIVE]

## Name History

Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50	Current

8

Patient:	HOLLAND, ROBERT	Hosp. No.:	8515251168	Room:	-	Print Date:	2/17/2009
RESULT FLAGS:							
L	Low Result	P	Panic Value				
H	High Result	*	Abnormal Result				
C	Corrected Result	f	There is a footnote (comment) associated with this result				

0245

RECEIVED 06/13/2019 CCMSI~LVMPD

## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Medical Director of Laboratories

003410

Patient Name: HOLLAND, ROBERT  
Hospital No. 8515251168  
Discharge Date: 02/17/2009Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE FPrint Date: 2/18/2009  
DOB: 01/13/1960  
Sex: Male

## URINALYSIS

## CLINICAL URINALYSIS

Date: 02/17/2009  
Day of Stay: Tue  
Time: 07:32:00

Procedure	Units	Reference Range
COLOR	YELLOW	
APPEARANCE	CLEAR	
SPEC GRAVITY	1.015	[1.010-1.020]
U LEUKO ESTERASE	NEGATIVE	[NEGATIVE]
UNITRITE	NEGATIVE	[NEGATIVE]
PH	5.0	[5.0-8.0]
U PROTEIN	NEGATIVE	[NEGATIVE]
U GLUC(Quick Care)	NORMAL	[NORMAL]
U KETONES	NEGATIVE	[NEGATIVE]
UROBIL(Quick Care)	NEGATIVE	[NEGATIVE]
U BILIRUBIN	NEGATIVE	[NEGATIVE]
U BLOOD	NEGATIVE	[NEGATIVE]

## CHEMISTRY

## GENERAL CHEMISTRY

Date: 02/17/2009  
Day of Stay: Tue  
Time: 07:32:00

Procedure	Units	Reference Range
GGT	38 H	10/L [9-36]

02/17/2009 07:32:00 SGGGT:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

Patient:	Hosp No.:	Room:	Print Date:
HOLLAND, ROBERT	8515251168	-	2/18/2009
<b>RESULT FLAGS:</b>			
L	Low Result	P	Panic Value
H	High Result	*	Abnormal Result
C	Corrected Result	f	There is a footnote (comment) associated with this result

0246

RECEIVED 06/13/2019 CCMSI~LVMFD

## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilodeau, M.D., Medical Director of Laboratories

003410

Patient Name: HOLLAND, ROBERT

Room: PHM: -

Print Date: 2/18/2009

Hospital No.: 8515251168

MRN: 184232

DOB: 01/13/1960

Discharge Date: 02/17/2009

Doctor: JOYA, JOSE F

Sex: Male

## C H E M I S T R Y

## COMPREHENSIVE METABOLIC PANEL

## COMPREHENSIVE METABOLIC PANEL

Date: 02/17/2009  
 Day of Stay: Tue  
 Time: 07:32:00

Procedure	Units	Reference Range
SODIUM	141	MMOL/L [136-145]
POTASSIUM	4.9	MMOL/L [3.5-5.1]
CHLORIDE	108	MMOL/L [98-110]
CO2	24	MMOL/L [22-31]
Anion Gap	9	MMOL/L [8-16]
GLUCOSE	107	MG/DL [70-110]
BUN	17	MG/DL [9-26]
CREATININE	0.9	MG/DL [0.7-1.5]
CALCIUM	9.7	MG/DL [8.8-10.4]
MAGNESIUM	2.4	MG/DL [1.6-2.6]
PHOSPHORUS	2.6	MG/DL [2.3-4.7]
CHOLESTEROL	223 H	MG/DL [≤200]
URIC ACID	7.9	MG/DL [3.5-8.0]
TOTAL PROTEIN	7.4	G/DL [6.4-8.3]
ALBUMIN	5.1 H	G/DL [3.5-5.0]
GLOBULIN	2.3	G/DL [1.3-3.7]
A/G RATIO	2.2	[0.9-3.5]
AST (SGOT)	14	U/L [5-34]
ALT (SGPT)	28	U/L [0-55]
LDH	165	U/L [125-243]
ALK PHOS	60	U/L [40-150]
TOTAL BILI	0.6	MG/DL [0.0-1.2]
Direct BILI	0.2	MG/DL [0.0-0.5]

Patient:	HOLLAND, ROBERT	Hosp. No.:	8515251168	Room:	-	Print Date:	2/18/2009
<b>RESULT FLAGS:</b>							
L		Low Result		P		Panic Value	
H		High Result		~		Abnormal Result	
C		Corrected Result		f		There is a footnote (comment) associated with this result	

0247  
RECEIVED 06/13/2019 CCMSI-LVHHD

## University Medical Center of Southern Nevada

#03410

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilodeau, M.D., Medical Director of Laboratories

Patient Name: HOLLAND, ROBERT  
Hospital No.: 8515251168  
Discharge Date: 02/17/2009Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE FPrint Date: 2/18/2009  
DOB: 01/13/1960  
Sex: Male

## C H E M I S T R Y

## COMPREHENSIVE METABOLIC PANEL

02/17/2009 07:32:00 CHOLESTEROL:

Total Cholesterol Reference:

< 200	Desirable
200 - 239	Borderline
> 240	High

02/17/2009 07:32:00 SGCOMP:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

## CARDIAC MONITORS

Date: 02/17/2009  
Day of Stay: Tue  
Time: 07:32:00

Procedure	Units	Reference Range
CK	IU/L	[30-200]

02/17/2009 07:32:00 SGCK:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

## LIPID PANEL

Date: 02/17/2009  
Day of Stay: Tue  
Time: 07:32:00

Procedure	Units	Ref Range
CHOLESTEROL	MG/DL	[<=200]
TRIGLYCERIDE	MG/DL	[<=150]
HDL	MG/DL	[>=60]
calculated LDL	MG/DL	[<=100]



Patient: HOLLAND, ROBERT	Hosp. No.: 8515251168	Room: -	Print Date: 2/18/2009
<b>RESULT FLAGS:</b>			
L	Low Result	P	Panic Value
H	High Result	*	Abnormal Result
C	Corrected Result	f	There is a footnote (comment) associated with this result

CR ID: 7282314

Page 4 of 6

1                   **IN THE SUPREME COURT OF THE STATE OF NEVADA**

2 LAS VEGAS METROPOLITAN  
3 POLICE DEPARTMENT; AND  
4 CANNON COCHRAN MANAGEMENT  
5 SERVICES, INC.,

6           Appellants,

7           v.

8 ROBERT HOLLAND,

9           Respondent.  
10

Supreme Court Case No.: 82843

District Court Case No.: A-20-818754-J

11  
12                   **APPELLANTS' APPENDIX VOLUME II**

13 DANIEL L. SCHWARTZ, ESQ.  
14 L. MICHAEL FRIEND, ESQ.  
15 LEWIS BRISBOIS BISGAARD &  
16 SMITH LLP  
17 2300 W. Sahara Avenue, Ste. 900, Box 28  
18 Las Vegas, Nevada 89102-4375  
19 Attorneys for Appellants  
20 Las Vegas Metropolitan Police Dept. and  
21 CCMSI  
22  
23  
24  
25  
26  
27

LISA M. ANDERSON, ESQ.  
GGRM LAW FIRM  
2770 S Maryland Pkwy., Suite 100  
Las Vegas, NV 89109  
Attorney for Respondent  
Robert Holland

## INDEX TO APPELLANT'S APPENDIX<sup>2</sup>

PLEADING, MOTION, ORDER, TRANSCRIPT, EXHIBIT	VOLUME	PAGE NUMBER
CASE APPEAL STATEMENT FILED APRIL 27, 2021	II	00470-474
CLAIMANT'S CLOSING BRIEF FILED APRIL 7, 2020	I	00033-39
CLAIMANT'S EVIDENCE PACKAGE (CLAIMANT'S EXHIBIT 1) FILED OCTOBER 21, 2019	I & II	00151-325
CLAIMANT'S HEARING MEMORANDUM FILED OCTOBER 21, 2019	II	00326-334
CLAIMANT'S REPLY BRIEF FILED MAY 21, 2020	I	00017-22
CORRESPONDENCE (DECISION LETTER) FROM APPEALS OFFICER DENISE S. MCKAY, ESQ. TO LISA ANDERSON, ESQ. DATED JUNE 26, 2020	I	00014-16
CORRESPONDENCE (PROPOSED DECISION) FROM DANIEL L. SCHWARTZ, ESQ. TO APPEALS OFFICER DENISE S. MCKAY, ESQ. FILED JULY 17, 2020	I	00013
COURT MINUTES FROM APRIL 23, 2021	II	00465
COURT MINUTES FROM MARCH 10, 2021	II	00410
COURT MINUTES FROM MARCH 19, 2021	II	00411-412
DECISION AND ORDER OF APPEALS OFFICER DENISE S. MCKAY, ESQ. FILED JULY 27, 2020	I	0003-12
EMPLOYER'S APPEAL MEMORANDUM FILED OCTOBER 31, 2019	I	00139-150
EMPLOYER'S INDEX OF DOCUMENTS (INSURER'S EXHIBIT A) FILED OCTOBER 31, 2019	I	00044-138
EMPLOYER'S WRITTEN CLOSING ARGUMENT FILED MAY 4, 2020	I	00023-32

<sup>2</sup> Note: This Appendix begins with the complete Record on Appeal exactly as it appeared in District Court. District Court documents follow the formal Record on Appeal beginning in Volume II.

<b>PLEADING, MOTION, ORDER, TRANSCRIPT, EXHIBIT</b>	<b>VOLUME</b>	<b>PAGE NUMBER</b>
NOTICE OF APPEAL AND ORDER TO APPEAR FILED OCTOBER 1, 2019	II	00335-339
NOTICE OF APPEAL FILED APRIL 27, 2021	II	00466-469
NOTICE OF ENTRY OF ORDER DENYING MOTION FOR STAY PENDING SUPREME COURT APPEAL FILED JUNE 8, 2021	II	00475-482
NOTICE OF ENTRY OF ORDER GRANTING PETITION FOR JUDICIAL REVIEW FILED APRIL 6, 2021	II	00419-426
NOTICE OF INTENT TO PARTICIPATE FILED AUGUST 25, 2020	II	00353-355
OPPOSITION TO RESPONDENT'S MOTION FOR STAY PENDING SUPREME COURT APPEAL FILED APRIL 20, 2021	II	00447-464
ORDER FOR BRIEFING SCHEDULE FILED MARCH 6, 2020	I	00040-41
ORDER GRANTING PETITION FOR JUDICIAL REVIEW FILED APRIL 5, 2021	II	00413-418
ORDER RESETTING HEARING FILED NOVEMBER 22, 2019	I	00042-43
ORDER SETTING BRIEFING SCHEDULE AND HEARING DATE FILED FEBRUARY 2, 2021	II	00396-398
PETITION FOR JUDICIAL REVIEW FILED JULY 29, 2020	II	00340-352
PETITIONER'S OPENING BRIEF FILED DECEMBER 29, 2020	II	00356-374
PETITIONER'S REPLY BRIEF FILED MARCH 10, 2021	II	00399-409
RECORDER'S TRANSCRIPT OF HEARING FILED AUGUST 24, 2021	III	00483-495
RESPONDENT'S ANSWERING BRIEF FILED FEBRUARY 1, 2021	II	00375-395
RESPONDENTS' MOTION FOR STAY OF DISTRICT COURT ORDER FILED APRIL 20, 2021	II	00427-446
TRANSMITTAL OF RECORD ON APPEAL FILED NOVEMBER 20, 2020	I	0001

0248

RECEIVED 06/13/2019 CCMSI-LVHMD

## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilodeau, M.D., Medical Director of Laboratories

003410

Patient Name: HOLLAND, ROBERT  
 Hospital No.: 8515251168  
 Discharge Date: 02/17/2009

Room: PHM: -  
 MRN: 184232  
 Doctor: JOYA, JOSE F

Print Date: 2/18/2009  
 DOB: 01/13/1960  
 Sex: Male

## C H E M I S T R Y

## LIPID PANEL

02/17/2009 07:32:00 HDL:

HDL Cholesterol Reference:

< 40 Low  
 => 60 High

02/17/2009 07:32:00 calculated LDL:

LDL Cholesterol Reference:

< 100 Optimal  
 100 - 129 Near Optimal/Above Optimal  
 130 - 159 Borderline High  
 160 - 189 High  
 => 190 Very High

02/17/2009 07:32:00 SGLIPID:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

## I M M U N O C H E M I S T R Y

## HEPATITIS

Date: 02/17/2009  
 Day of Stay: Tue  
 Time: 07:32:00

FAX TO DR. HECK.

Procedure  
 Hepatitis A Antibody, IGM  
 Hepatitis B Core Antibody, IGM  
 Hepatitis B Surface Antigen i  
 Hepatitis C Antibody  
 Hep C Antibody Units  
 Hep C Antibody Interp

NON REACTIVE  
 REACTIVE  
 NON REACTIVE  
 NON REACTIVE  
 .05  
 See Below

Units Reference Range

S/CO

JOSE JOYA, MD

FEB 19 2009

Patient:	HOLLAND, ROBERT	Hosp. No.:	8515251168	Room:	-	Print Date:	2/18/2009
RESULT FLAGS:							
L Low Result				p Panic Value			
H High Result				* Abnormal Result			
C Corrected Result				f There is a footnote (comment) associated with this result			

CR ID 7282714

Page 5 of 6

0249

RECEIVED 06/13/2019 CCMSI~LVHFD

## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Holdean, M.D., Medical Director of Laboratories

003410

Patient Name: HOLLAND, ROBERT  
 Hospital No: 8515251168  
 Discharge Date: 02/17/2009

Room: PHM: -  
 MRN: 184232  
 Doctor: JOYA, JOSE F

Print Date: 2/18/2009  
 DOB: 01/13/1960  
 Sex: Male

## I M M U N O C H E M I S T R Y

## HEPATITIS

02/17/2009 07:32:00 Hep C Antibody Interp  
 Hepatitis C Antibody Interpretation = NEGATIVE

02/17/2009 07:32:00 Hepatitis B Surface Antigen:

HBSAG reactivity should be correlated with patient history and the presence of other hepatitis markers.

## N a m e   H i s t o r y

Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50	Current

Patient:	HOLLAND, ROBERT	Hosp. No:	8515251168	Room:	-	Print Date:	2/18/2009
RESULT FLAGS:							
	L	Low Result		p	Panic Value		
	H	High Result		*	Abnormal Result		
	C	Corrected Result		f	There is a footnote (comment) associated with this result		

0250

RECEIVED 06/13/2019 CCMSI-LVMD

**University Medical Center of Southern Nevada  
PHM**

1700 Wheeler Peak Street, Las Vegas, NV 89106  
Dr. Arthur Del Rosario, Laboratory Director

Patient Name : HOLLAND, ROBERT  
Patient Acct No: 8515481773  
Med Record No: 184232

Accession No: 09-068-01007  
Doctor: JOYA, JOSE F

Print Date: 3/9/2009  
DOB: 01/13/1960  
Sex: Male

**U R I N A L Y S I S - Q U I C K C A R E**

**MISCELLANEOUS URINALYSIS**

Date 03/09/2009  
Day of Stay Mon  
Time 07:32:00

Procedure	Units	Reference Range
OCCULT BLOOD	NEGATIVE	[NEGATIVE]

**P a t i e n t N a m e H i s t o r y**

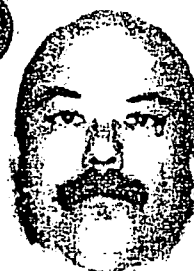
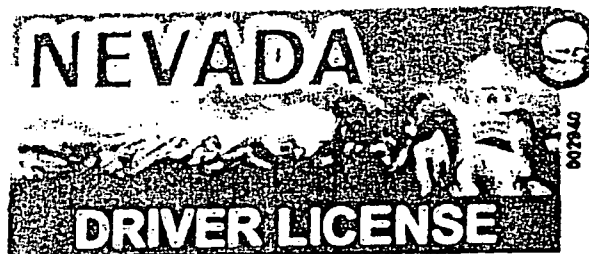
Patient's Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	03/07/2004 04:21:50 AM	Current

**JOSE JOYA, MD**

MD 03 2009

Patient Name	Account No.	Location	Date
HOLLAND, ROBERT	8515481773	PHM	3/9/2009
<b>RESULT FLAGS:</b>			
L	Low Result	P	Panic Range
H	High Result	*	Abnormal Result
C	Corrected Result	f	There's a footnote (comment) associated with this result

CRID: 7352357

0251  
RECEIVED 06/13/2019 CCMSI-LVMD

LIC# 2101243459 EXPIRES 01-13-2012

CLASS ENDORSE RESTRICTIONS

M

DATE	DATE	SEX	HEIGHT	WEIGHT	EYES	HAIR
10/10/70	10/10/70	M	5'11"	200	BRO	BLK

HOLLAND, ROBERT  
7409 SAND PEBBLE LN  
LAS VEGAS NV 89129-6034

RECEIVED 06/13/2019 CCMSI-LVMPD

SNOW MEDICAL CENTER

001/009



To: LVMPD/SAFETY

ATTN: ~~REDACTED~~  
Health Detail

Fax number: (702) 828-1509

Phone number: (702) 828-3695

Number of Pages: 9  
(Including cover sheet)

Date: 3-2-09

## Snow Medical Center, LLC

Eva Snow, MD

4275 S Burnham Ave, Suite 236  
Las Vegas, NV 89119Tel : (702) 384-7669  
Fax: (702) 385-7669

Regarding Officers

Robert Holland  
Stephen Schumaker

Comments:

*This report contains patient information which is legally protected under HIPAA Legislation. If you have received this communication in error, do not distribute the information any further. Please immediately notify us and return the original message to us to the above address.*

R. [initials]  
MAR 19 2009  
ON TIA

0253

RECEIVED 06/13/2019 CCMSI-LVMPD

03/02/2009 22:55 FAX 702751 69

SNOW MEDICAL CENTER

008/009

**Holland, Robert** 11/13/1960

Office/Outpatient Visit

Visit Date: Thu, Feb 26, 2009 02:36 pm

Provider: Evangelina Snow, MD (Assistant: Alejandra Estrada, MA)

Location: Snow Medical Center, LLC

1 of 2

Electronically signed by Evangelina Snow, MD on 03/03/2009 07:30:21 AM

Printed on 03/03/2009 at 7:30 am.

**SUBJECTIVE:****CC:**

Mr. Holland is a 48-year-old male. This is his first visit to the clinic. This visit is covered under Worker's Compensation.

EMPLOYER: LVMPD

DATE OF INJURY: 2-17-09 (date of physical exam)

**HPI:** Officer Holland is here today for confirmatory tests for hepatitis B, he recently lab work done as part of his annual physical exam, he tested positive for hepatitis B core. He is asymptomatic and his medical history is unremarkable.**ROS:****CONSTITUTIONAL:** Negative for chills, fatigue, fever, and weight change.**EYES:** Negative**E/N/T:** Negative for hearing problems, E/N/T pain, congestion, rhinorrhea, epistaxis, hoarseness, and dental problems.**CARDIOVASCULAR:** Negative**RESPIRATORY:** Negative for cough, dyspnea, and hemoptysis.**GASTROINTESTINAL:** Negative for abdominal pain, heartburn, constipation, diarrhea, and stool changes.**ALLERGIC/IMMUNOLOGIC:** Negative**Past Medical History / Family History / Social History:****Past Medical History:**

Asthma: dx'd at age 44;

**Surgical History:**

NONE

**Family History:**

Father: Medical history unknown

Mother: Medical history unknown

**Social History:**

Occupation: Police Officer. Employed at LVMPD

Marital Status: Married

Children: 3 children

**Tobacco/Alcohol/Supplements:**

Tobacco: Nonsmoker (never smoked); Non-drinker

**Allergies:**

Aspirin (ASA):

**Current Medications:**

None

**OBJECTIVE:****Vitals:****Current:** 2/26/2009 2:38:54 PM

Ht: 220 Inches; Wt: 69 lbs; BMI: 1.00

T: 99.1 F (oral); BP: 128/88 mm Hg (left arm, sitting); P: 80 bpm (left radial, sitting); R: 20 bpm

Snow Medical Center  
 Eva Snow MD  
 4275 S. Burnham St Suite 235  
 Las Vegas, NV 89119  
 PH# (702) 384-7669  
 Fax# (702) 385-7669



0254

RECEIVED 06/13/2019 CCSI-LVMFD

03/02/2009 22:55 FAX 702798 79

SNOW MEDICAL CENTER

009/009

**Holland, Robert** 11/13/1980

Office/Outpatient Visit

Visit Date: Thu, Feb 28, 2009 02:36 pm

Provider: Evangelina Snow, MD (Assistant: Alejandra Estrada, MA)

Location: Snow Medical Center, LLC

2 of 2

Electronically signed by Evangelina Snow, MD on 03/03/2009 07:30:21 AM  
Printed on 03/03/2009 at 7:30 am.Exams: UnremarkableLab/Test Results: Positive hepatitis B core antibody**ASSESSMENT:**

798.4 Abnormal laboratory test findings without diagnosis

DOx: Positive hepatitis B core antibody (gray zone or window period), this could represent a false positive results, or infection that is resolving since Ag is negative.

**PLAN:**

Abnormal laboratory test findings without diagnosis

RECOMMENDATIONS given include: FULL DUTY.

FOLLOW-UP: No scheduled appointment, I will call him with his results.

Orders:

99203 Office/outpatient visit; new patient, level 3

86704 Hepatitis B core antibody, total (HBcAb)

87515 Hepatitis B virus detection by nucleic acid (DNA or RNA), direct probe

Snow Medical Center  
Eva Snow MD  
4275 S. Burnham St. Suite 235  
Las Vegas, NV 89119  
PH# (702) 384-7669  
Fax# (702) 385-7669

0255  
RECEIVED 06/13/2019 CCSI-LVM

## Transmission Report

Date/Time 03-19-2009 01:29:38 p.m. Transmit Header Text  
 Local ID 1 7028281509 Local Name 1 LVMPD HEALTH AND SAFETY DETAIL  
 Local ID 2 Local Name 2

This document : Confirmed  
 (reduced sample and details below)  
 Document size : 8.5"x11"



DOUGLAS C. GILLESPIE, SHERIFF

☒ Facsimile Cover Sheet

☒ date 03/19/09  
☒ # of pages 2  
 including cover sheet

☒ to BETH  
☒ company UMC  
☒ department SCHEDULING  
☒ phone # 383-3660  
☒ fax # 739-7220

☒ from PATRICIA LLOYD-SCOTT  
☒ department HEALTH DETAIL  
☒ phone # 828-3695  
☒ fax # 828-1509

☒ notes Confirmatory Hep A results for Robert Holland

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LVMPD 100 (Rev. 02/01) - AUTOMATED PDF

Total Pages Scanned : 2

Total Pages Confirmed : 2

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	950	7022078862	01:28:41 p.m. 03-19-2009	00:00:27	2/2	1	EC	HS	CP28800

## Abbreviations:

HS: Host send  
 HR: Host receive  
 WS: Waiting send

PL: Polled local  
 PR: Polled remote  
 MS: Mailbox save

MP: Mailbox print  
 CP: Completed  
 FA: Fail

TU: Terminated by user  
 TS: Terminated by system  
 RP: Report

G3: Group 3  
 EC: Error Correct

0256

RECEIVED 06/13/2019 CCMSI-LVMPD

JUST THE FAX



DOUGLAS C. GILLESPIE, SHERIFF

date 03/19/09

# of pages 2  
including cover sheet

Facsimile Cover Sheet

to	BETH
company	UMC
department	SCHEDULING
phone #	383-3660
fax #	739-7220
from	PATRICIA LLOYD-SCOTT
department	HEALTH DETAIL
phone #	828-3695
fax #	828-1509
notes	Confirmatory Hep A results for Robert Holland

NOTE: If you encounter any difficulty in receiving the total number of pages indicated above, please notify us at the phone number indicated above.

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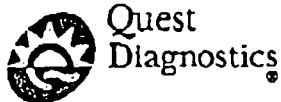
LVMPD 188 (Rev. 2/07) • AUTOMATED/MWP12

0257

RECEIVED 06/13/2019 CCMSI-LVMPD  
03/18/2009 02:00 FAX 7027967119

SNOW MEDICAL CENTER

001/001



PATIENT INFORMATION  
**HOLLAND, ROBERT**

REPORT STATUS: **Final**

QUEST DIAGNOSTICS INCORPORATED  
CLIENT SERVICE 702.733.3700

DOB: 01/13/1960 Age: 49Y  
GENDER: M

ORDERING PHYSICIAN  
**SNOW, EVANGELINA**

CLIENT INFORMATION

28128

EVA SNOW MD

4275 S BURNHAM AVE

SUITE 235

LAS VEGAS, NV 89119

## SPECIMEN INFORMATION

SPECIMEN: 19597933

REQUISITION: 0002794

LAB REF NO: 281280002794

PHONE: 7026561299

COLLECTED: 03/09/2009 09:57  
RECEIVED: 03/09/2009 17:28  
REPORTED: 03/13/2009 19:00

## COMMENTS: \*\*\* Patient Comments at the Bottom \*\*\*

Test Name	In Range	Out of Range	Reference Range	Lab
HEPATITIS B CORE ANTIBODY IGM ANTI-HBc, IGM	NEGATIVE		NEGATIVE	01
ANTI-HBs AB, QUANT Anti-HBs Quant.	< 5		mIU/mL	01

Patient does not have immunity to hepatitis B virus.

HEPATITIS B DNA, QUAL. PCR  
HBV DNA, Qual PCR

RESULT: **NOT DETECTED** **NOT DETECTED** **NOT DETECTED**

RESULT UNITS REF RANGE

HBV DNA Qual., PCR

HBV DNA Qualitative, PCR NOT DETECTED

NOT DETECTED

The method used in this test is Real-Time PCR of the  
precore/core region of the HBV genome.

This test was developed and its performance characteristics  
have been determined by Quest Diagnostics Nichols Institute,  
San Juan Capistrano. It has not been cleared or approved by  
the U.S. Food and Drug Administration. The FDA has  
determined that such clearance or approval is not necessary.  
Performance characteristics refer to the analytical  
performance of the test.

This test is performed pursuant to a license agreement with  
Roche Molecular Systems, Inc.

## PATIENT COMMENTS:

Ordering Physician: SNOW, EVANGELINA

## Performing Laboratory Information:

01 QUEST DIAGNOSTICS, INC 4230 S BURNHAM AVE, STE 250 LAS VEGAS NV 89119  
NI QUEST DIAGNOSTICS 33600 URTULLA HWY SAN JUAN CAP CA 92675

Rec'd/Entr'd  
MAR 18 2009  
CC: IFM

*negative  
hepatitis B  
tests*

HOLLAND, ROBERT - 49597933

Page 1 - End of Report

Physical Taken  
02-01-10

#03410

UNIVERSITY MEDICAL CENTER  
ENTERPRISE PHYSICALS  
1700 Wheeler Peak Dr.  
Las Vegas, NV. 89106  
702-383-3660

Las Vegas Metropolitan Police Dept.  
101 Convention Center Drive  
Las Vegas, NV 89109

As a result of the recent physical examination of your employee, identified below and in compliance with the Nevada Revised Statutes, Chapter 617, we are notifying you of the following predisposing physical, laboratory, x-ray or testing abnormalities, which may lead to the employee contracting heart and/or lung disease. Additionally, we are enclosing methods by which the employee may correct these conditions in an effort to avoid any heart and/or lung complications in the future. LVMPD will not be responsible for any fees incurred from follow up with your family physician. These recommendations/actions must be provided to the employee. Effective October 1, 1991, NRS, Chapter 617 also provides that any physical examination must include a hearing test.

PREDISPOSING CONDITIONS: An X indicates a predisposing condition may have been identified.

<input type="checkbox"/> Abnormal pulmonary function tests	<input type="checkbox"/> Abnormal Chest X-ray	<input type="checkbox"/> Smoker
<input type="checkbox"/> Elevated Cholesterol	<input checked="" type="checkbox"/> Abnormal Hearing	<input type="checkbox"/> Overweight
<input type="checkbox"/> Elevated Triglycerides	<input type="checkbox"/> Abnormal Stress Test	
<input type="checkbox"/> History of Cardiovascular disease	<input type="checkbox"/> Positive TB Test (Hx of +)	
<input checked="" type="checkbox"/> Other Abnormal Labs		

CORRECTIVE MEASURES TO BE TAKEN BY THE EMPLOYEE:

☐ Follow-up Pulmonary Function Test    ☐ Repeat Chemistry Panel    ☐ Stop Smoking  
☐ Repeat Urinalysis    ☐ Repeat CBC    ☐ Lose Weight: No. Lbs \_\_\_\_\_  
☐ Follow-up abnormal tests with your Primary Physician  
☐ If patient does not have a Primary Care Physician, we can make an appointment at one of our Primary Care Clinics

COMMENTS:

1. The periodic Health Questionnaire shows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No significant responses.

2. The Physical Exam shows: Wt. 219    Ht. 5'11"  
 Blood Pressure is: 124/81

3. Pure tone Audiogram-Hearing test shows

4. Spirometry shows

5. Treadmill Stress Test/EKG shows

6. Chest X-RAY shows

7. Laboratory Work    35

The employee is a non-smoker.

AB normal exam.

a normal exam.

negative for ischemia.

a normal exam.

is essentially within normal limits.

Revised  
JUN 04 2010 PLS

LOW HPL

ENC# 78161437    50    DOB 1/13/1960  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 MR# 000-184-232    ADM 2/22/2010

#03410

UNIVERSITY MEDICAL CENTER  
ENTERPRISE PHYSICALS  
1700 Wheeler Peak Dr.  
Las Vegas, NV. 89106  
702-383-3660

Page 2

## COMMENTS (cont'd)

The following tests were outside the range of laboratory normals. They appear to be not clinically significant or have low probability of being caused by a disease process- a second opinion by the employee's Primary Care Physician is always an option.

## CORRECTIVE ACTION:

Whenever an employee is notified of the need for corrective action based on the results of the physical examination, it is imperative that the employee take the recommended corrective action. Failure to obtain or make progress toward the recommended corrective action may constitute a predisposing condition that may make the employee ineligible for coverage for a worker's compensation claim related to that condition. Corrective action taken must be accomplished at the employee's expense and must be documented. Such documentation must be provided to the Personnel Department along with any continuing follow up related to the corrective action.

*hearing protection*

In conclusion with all the information that has been provided to me, it appears that the employee is in good health and remains acceptable for employment.

*Jose J. Nova*

JOSE NOVA, MD

FEB 22 2010

Physician Signature

JOSE NOVA, MD

Physician Stamp

FEB 22 2010

8:42

Date

Time

ENC# 78161437 50 DOB 1/13/1960  
HOLLAND, ROBERT  
ENTERPRISE PHYSICALS M  
MR# 000-184-232 ADM 2/22/2010

Form # 05-075 (1/92, 7/95, 11/05, 3/08)

#03410

ANNUAL PHYSICAL MEDICAL EXAMINATION

EMPLOYEE'S NAME:

ENC# 77937498 50 DOB 1/13/1960  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 HR# 000-184-232 ADM 2/01/2010 H HLY

1. UPON RECEIPT OF YOUR PHYSICAL PACKET, please call UMC to schedule your appointment at 383-3660 Monday, Wednesday or Friday from 7:30 a.m. - 5:30 p.m., Tuesday or Friday from 7:30 a.m. - 9:30 p.m. and on Saturday and Sunday call 383-2565 from 8:30 a.m. - 5:30 p.m.

YOUR EXAMINATION WILL BE COMPLETED AT THE FOLLOWING LOCATION:

UMC PHYSICALS DEPT.  
 1700 WHEELER PEAK DR.  
 LAS VEGAS, NV 89106  
 (702) 383-3660 (PLEASE CALL IF YOU ARE GOING TO BE LATE OR  
 NEED TO CANCEL)

2. Examinee MUST FAST TWELVE (12) HOURS BEFORE BLOOD WORK. No food or beverage (water is allowed). You may continue your prescribed medication. PLEASE DO NOT EXERCISE 24 HOURS PRIOR TO YOUR PHYSICAL AND BLOOD WORK!!!
3. Fasting blood work may be done prior to your appointment on a walk in basis Monday thru Friday from 7:00 a.m. - 5:00 p.m., but not more than 30 days of your actual physical.
4. Your appointment must be made for ON-DUTY hours. Overtime is not authorized. Supervisors are encouraged to adjust shifts in order to accommodate available hours.
5. Department procedure 5/101.20, may require negative sanctions and does require a memorandum from the appropriate Office/Bureau/Area Commander, for the following reasons:  
 a. Failure to schedule or reschedule any portion of their annual physical exam during their birth month.  
 b. Missed or canceled appointment for any reason.  
 c. Failure to complete any portion of the physical exam.
6. Examinee MUST COMPLETE the attached questionnaire BEFORE reporting for the examination.
7. Persons with an appointment SHOULD REPORT DIRECTLY TO UMC, with tennis shoes, shorts or sweat pants for wear during the Cardiac (stress) test. Please mention if a bike stress test is medically necessary when making appointment.
8. This cover sheet DOES NOT need to be returned to Health Detail upon the completion of examination. A copy of the medical results will be given to the employee by physician during the second phase of the physical.
9. When you receive your original copy from UMC please retain for your records.

EXAMINATION DATE: 2/1/10

EXAMINATION TIME: 0700

EXAMINATION COMPLETED BY:

(PHYSICIAN'S SIGNATURE)

#03410

## IMPORTANT INFORMATION REGARDING PHYSICAL EXAMINATIONS

Industrial insurance benefits are available to all qualified police officers and firemen who acquire lung and heart diseases. To qualify, certain minimum employment requirements must be met and firemen and police officers are required to submit to physical examinations.

Nevada Revised Statutes, NRS 617.455 and 617.457, provide that, under certain circumstances, all lung and heart diseases for police officers and firemen, and lung diseases for volunteer firemen, are conclusively presumed to have arisen out of and in the course of employment.

The Nevada Administrative Code (NAC), Chapter 617, provides the administrative requirements for all police officers and firemen who are required to submit to physical examinations in order to receive industrial insurance benefits pursuant to NRS 617.455 and 617.457. These requirements detail the frequency of examinations, the minimum requirements for the exams, the duties of the employer, and the duties of the employee.

Failure to correct the condition(s) as described in the examination report, which you have received this date, may result in loss of benefits due you under Nevada Revised Statute 617, Occupational Diseases, if it is within your ability to correct it/them.

I, ROBERT HOLLAND, acknowledge receipt of my annual physical  
(EMPLOYEE'S NAME - PLEASE PRINT)

examination results on the attached pages. I have been advised of any predisposing conditions, suggested corrective measures, and comments made by the attending physician. I understand I am responsible for the corrective actions listed as well as notifying Health Detail, within a reasonable length of time, of any and all corrective measures taken by me to resolve.

[Signature] 5410 2/22/10  
EMPLOYEE'S SIGNATURE P# DATE

0262

Acct No. 1048-774 Chart No. 000-184-232 Slip/Enc No: 77937498  
 Dr. MCP MCCARRAN PHYS Appt Date: 2/01/10 Acct Type: CA COMP ACCT  
 Spec: MCP PCP: 0000 Time: 7:00 AM Sign Date: 2/01/10 AMDPETERSO  
 Patient: ROBERT HOLLAND  
 Address: 101 CONVENTION CENTER DR (PO) Sex: M DOB: 1/13/1960 Age: 50 #03410  
 LAS VEGAS, NV 89109 Home Phn: (000) 000-0000  
 Work Phn: (702) 656-1299 Cell: (702) 813-8412 Pt Employer: 00000  
 Reason: METRO PO Memo: TMT

Guarantor: HEALTH DETAIL  
 Ins# Carrier

Policy Guar Phn: (000) 000-0000  
 Start Stop Seq

PLEASE HAVE PERSONNEL INITIAL TIME ARRIVED AND TIME LEAVING; INDICATE ANY COMMENTS WHY TEST WAS NOT DONE, FOR WHATEVER REASON!

CONTACT PHONE \_\_\_\_\_

DATE PHYSICAL SCHEDULED:			DATE RESCHEDULED:		
DEPARTMENT	TIME ARRIVED	INITIAL	TIME LEAVING	INITIAL	COMMENTS
LAB DRAW (Must fast 12 hours prior to draw, you may drink water during this fasting period)	1:30	PC	1:34	PC	RAC 1/10 8/4/10
AUDIOLOGY	7:24	PC	7:28	PC	
PULMONARY	7:40	PC	7:42	PC	
STRESS TEST/ RESTING EKG/ STAIRMASTER/ BICYCLE/	07:46	WV	08:12	WV	
CHEST X-RAY	07:36	SM	07:40	SM	
PHYSICAL EXAM					
TB SKIN TEST	07:42	WV	07:43	WV	(W) 7/11/11

OFFICERS COMMENTS / SUGGESTIONS:

#03410

# Firemen And Police Officer's Medical History Form

To the Fireman or Police Officer: Please complete this form prior to your examination and present the completed form to the medical examiner. If the same examiner conducts both heart and lung examinations in any one year, only one History form need be completed.

Name (Last, First, Middle) <b>HOLLAND ROBERT</b>	Age <b>60</b>	Date of Birth <b>11/3/60</b>
Address <b>2409 SAND PEBBLE LUN 89129</b>	Organization/Employer <b>LUMPD</b>	
Personal Physician's Name <b>JIM CHRISTENSON</b>	Occupation <b>POLICE OFFICER</b>	

IF THE ANSWER TO ANY QUESTION ON THIS FORM IS "YES", PLEASE EXPLAIN IN THE SPACE PROVIDED FOR ON THE REVERSE SIDE

1. Have you ever had any trouble with your heart or been told that you had trouble with your heart?
2. Have you ever been treated for high blood pressure or ever been told that your blood pressure was not normal?
3. In the past five years, have you been hospitalized overnight for any reason?
4. In the past twelve (12) months, have you seen a doctor for anything other than routine checkups?
5. Have you, or any of your immediate family (father, mother, sister, and/or brother) ever had any of the following?

YES	NO
	X
	X
	X
X	

Allergies (asthma, hayfever, bronchitis, skin rash, eczema)?

Eye trouble (other than corrective lenses)?

Blood pressure trouble?

High blood pressure?

Heart trouble?

Heart attack?

Diabetes?

Stroke?

Gout?

YES (Indicate who has had the problem)	NO
<b>MUSCLE, WIFE</b>	
	X
	X
	X
	X
	X
	X
	X
	X

6. Do you smoke? If you answer yes, indicate how much per day.
7. Have you experienced any prolonged shortness of breath?
8. Do you have regular episodes of coughing?
9. Do you drink alcoholic beverages? If yes, indicate daily quantity.
10. How many cups of coffee do you usually drink per day?
11. Do you consider yourself overweight?

Number of packs, cigars, pipefuls, etc.

Indicate beverage and quantity

Quantity

YES	NO
	X
	X
	X
	X
	X
	X

THE ANSWERS TO THE QUESTIONS ASKED ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Signature

Date

Form OD 1 Rev 7/991

#03410

Firemen And  
Police Officer's  
Lung Examination  
Form

Name (Last, First, Middle) <b>HOLLAND ROBERT</b>	Sex <b>M</b>	Date of Examination <b>2/1/10</b>
Address <b>7409 SAND PEBBLE LN.</b>	Age <b>50</b>	Date of Birth <b>1/13/60</b>
Personal Physician's Name <b>JIM CHRISTENSEN</b>	Occupation <b>POLICE OFFICER</b>	

## PHYSICAL

HEIGHT

**5'11"**

BLOOD PRESSURE

**134/81**

WEIGHT

**219**

OVERWEIGHT?

YES

**NO**

## CHEST X-RAY

NORMAL

**Ø**ABNORMAL  
(Specify)

## STETHOSCOPIC EXAMINATION OF THE LUNGS

NORMAL

**Ø**ABNORMAL  
(Specify)

## SPIROMETER TEST\* (OPTIONAL FOR VOLUNTEER FIREMAN)

NORMAL

ABNORMAL  
(Specify)

\*Spirometer testing is to be conducted in accordance with Social Security Regulations entitled "Rules for Determining Disability and Blindness", SSA Publication No 64-014, I C N 436850, June 1985

It is recommended that you contact your personal physician for advice concerning correction of . . .

Examiner's Signature

Date

**JOSE LOYA MD****FEB 22 2010**

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature

Date

**2/1/10**

#03410

Firemen And  
Police Officer's  
Extensive Heart  
Examination Form

Name (Last, First, Middle) <b>HOLLAND ROBERT</b>	Sex <b>M</b>	Date of Examination <b>2/1/10</b>
Address <b>7409 SAND PEBBLE LN</b>	Age <b>50</b>	Date of Birth <b>1/13/60</b>
Personal Physician's Name <b>JIM CHRISTENSEN</b>	Occupation <b>POLICE OFFICER</b>	

## PHYSICAL

HEIGHT

BLOOD PRESSURE

WEIGHT

OVERWEIGHT?

☐ YES☐ NO

## EKG

NORMAL

☒ABNORMAL  
(Specify)

## STRESS EKG\*

NORMAL

☒ABNORMAL  
(Specify)

\*If 40 years old or older or if abnormalities with resting EKG and  
no contraindications to performing test exist.

## STETHOSCOPIC EXAMINATION OF THE HEART

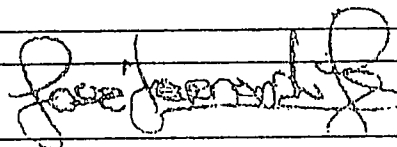
NORMAL

☒ABNORMAL  
(Specify)

Triglycerides	Cholesterol	Urine Glucose
---------------	-------------	---------------

It is recommended that you contact your personal physician for advice concerning correction of . . .

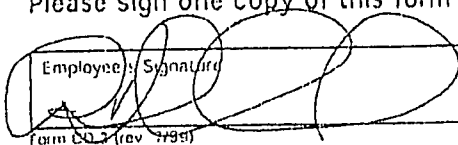
Examiner's Signature



Date FEB 22 2010

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature



Date 2/3/10

Form EQ-2 (rev. 7/99)



#03410

Firemen And  
Police Officer's  
Hearing  
Examination Form

Name (Last, First, Middle) <b>HOLLAND ROBERT</b>	Sex <b>M</b>	Date of Examination <b>2/1/10</b>
Address <b>7409 SAND PETTLE LN.</b>	Age <b>50</b>	Date of Birth <b>1/13/60</b>
Personal Physician's Name <b>JIM CHRISTENSEN</b>	Occupation <b>POLICE OFFICER</b>	

## Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,  
and 4K Results:

Average of 2K, 3K,  
and 4K Results:

## Otoscope Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

## Remarks

*Right loss*

*[Signature]*

## RECOMMENDATIONS

☐  
☐  
☐

Medical Referral

Retest Recommended

Complete Audiogram

Audiometer		Serial Number	Calibration Date
Tester's Name	Title	Tester's Signature	Test Date and Time

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature <i>[Signature]</i>	Date <b>1/31/10</b>
--	------------------------

Form 01-30 Rev. 1/99

## Subject Information:

Company: UNIVERSITY MEDICAL CENT Hire Date: 03410  
 SSN: 000-18-4232 Language: English  
 Name: HOLLAND, ROBERT Location: ENTERPRISE  
 Birth Date: 1/13/1960  
 Sex: M  
 Status: Active  
 In Program: Yes

## Comment:

## Audiograms:

ANSI S3.6-1989

Date	Time	Baseline	Left Thresholds								Right Thresholds								2K, 3K, 4K Results	
			500	1K	2K	3K	4K	6K	8K	500	1K	2K	3K	4K	6K	8K	Left	Right		
1/22/2007	8:17:15		10	10	5	0	45	10	15	10	0	0	0	15	10	15	Missing or invalid d	Missing or invalid d		
1/22/2008	7:16:37	S	15	10	5	10	35	20	25	5	0	5	0	10	20	25	First Test	First Test		
2/17/2009	7:24:20		15	15	5	10	40	20	25	10	5	0	0	10	15	25	No Change	No Change		
2/1/2010	7:20:14	S	20	15	5	15	45	15	35	15	10	5	0	15	15	35	Worse	Worse		

## Most Recent Test:

Examiner: Serial: 20369  
 Model: CCA-200 Cal Date: 9/2/2009  
 Hours Since Last Exposure: Lt Otoscope:  
 Exposure: YES Rt Otoscope:  
 Department: METRO Training:  
 Job: Refer Subject:  
 Shift: Self Eval:

## Protector Type:

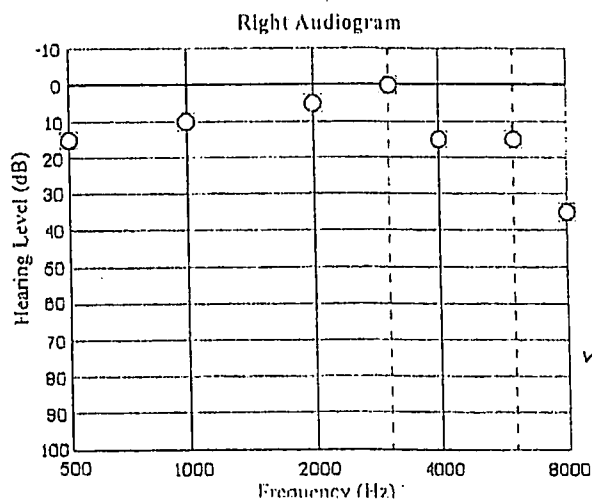
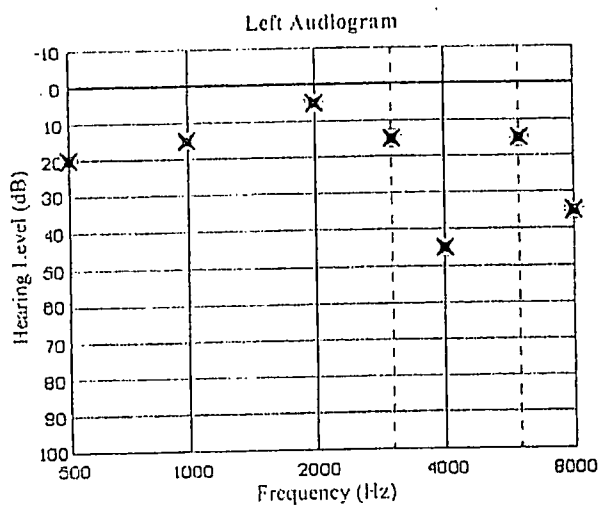
## Protector Use:

## Comment:

## Most Recent Analysis:

Standard Threshold Shift (with Age Correction):  
 Possible OSHA Recordable Shift: 29 CFR 1904.10 - 2002  
 Current OSHA STS Trend (2,3,4K Avg.):  
 Speech Frequency Average (.5,1,2,3K Avg.):  
 High Frequency Average (4,6,8K Avg.):

Left		Right	
3.3	No	0.0	No
	No		No
21		6	
13	Normal	7	Normal
31	Mild	21	Normal



X Left O Right

P. Culverson 2/1/10

Examiner

Date

ENC# 77037498 50 DOB 1/13/1960  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 HR# 000-184-232 ADM 2/01/2010

Subject

Date

Subject Summary

112

00266

# Pulmonary Function Report

003410

 UMC  
 UMC

Screener Report

## Patient Information

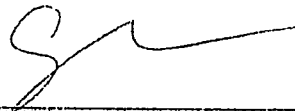
Name: HOLLAND, ROBERT	ID: 000-184-232	Birthdate: 1/13/1960
Height at test (in): 71.0	Sex: Male	Smoking history (pk-yr): 0
Weight at test (lb): 219.0	Age at test: 50	Predicted sex: Hankinson (NHANES III)

Comments: METRO ANNUAL PHYSICAL

Diagnosis:

## Interpretation

NORMAL SPIROMETRIC VALUES indicate the absence of any significant degree of obstructive pulmonary impairment and/or restrictive ventilatory defect. This interpretation is valid only upon physician review and signature.



Site:

Effort protocol: ATS 1987

Test date/time: 02/01/10 07:41:05 AM

Physician:

Number of efforts performed: 3

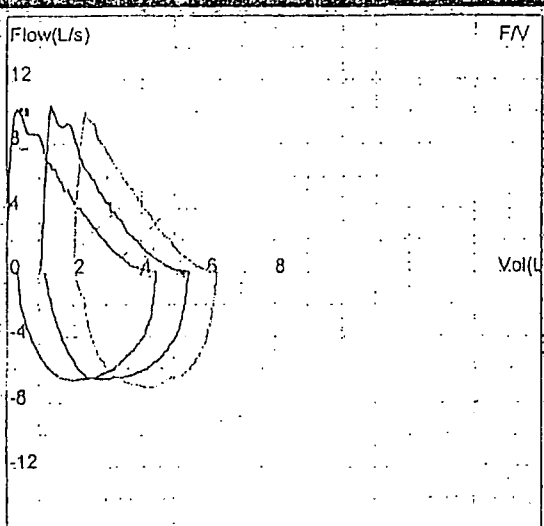
Technician: UMC

## Results

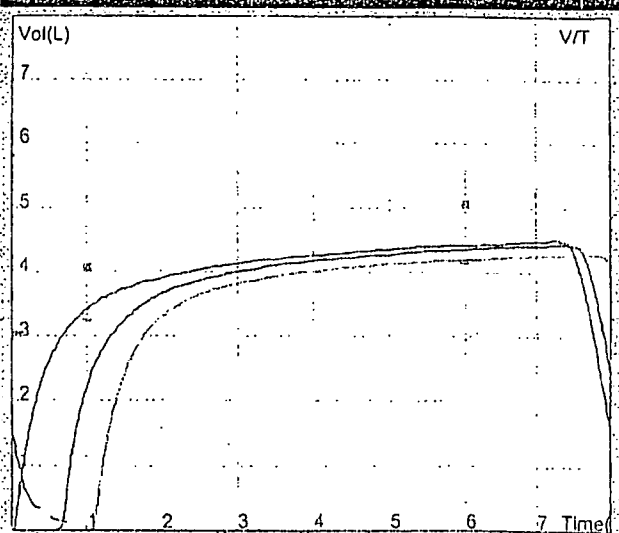
Result	Prad	Best	%Prd	Cons	%Prd	Inon	%Prd
FVC (L)	5.23	4.49	86%	4.44	85%	4.28	82%
FEV <sub>1</sub> (L)	4.06	3.47	85%	3.43	85%	3.39	84%
FEV <sub>1</sub> /FVC	0.78	0.77	99%	0.77	99%	0.79	102%
FEF <sub>25-75%</sub> (L/s)	3.57	2.90	81%	2.87	80%	3.13	88%
PEFR (L/s)	10.05	10.71	107%	10.92	109%	10.04	100%
Vext %	---	1.44	---	1.94	---	1.82	---

Test comments:

## FVC Flow vs. Volume



## FVC Volume vs. Time



003410

## UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

## METRO/CCFD TREADMILL STRESS TEST

The patient exercised for 10:00 minutes on standard Bruce protocol.  
Baseline heart rate 82 beats per minute and baseline blood pressure 130/80.  
With exercise, the heart rate went up to 147 beats per minute which is 86% target heart rate, 12.8 METs and blood pressure of 164/78.  
Baseline EKG shows sinus rhythm. No acute changes.  
Symptoms noted: None  
Reason for termination: Target heart rate.


## IMPRESSION:

1. EKG STRESS TEST IS NEGATIVE FOR ISCHEMIA
2. GOOD EXERCISE CAPACITY NOTED.
3. NORMAL BLOOD PRESSURE RESPONSE.

STEPHEN SAVRAN, M.D.  
SS/vs  
DT: 2-4-10



JOSE ROYA, MD  
FEB 08 2010



=====

MR #: METRO  
NAME: HOLLAND, ROBERT  
ENCOUNTER #: 77937498  
DATE: 2-1-10  
DOB: 1-13-60

METRO/CCFD TREADMILL STRESS TEST

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
DEPARTMENT OF RADIOLOGY1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102  
(702) 383-2241

#03410

Name: HOLLAND, ROBERT

Sex: M

Age: 50Y

Date of Birth: 01/13/1960

Location: PHM -

Medical Record Number: 000-184-232

Ordering Physician: JOSE JOYA M.D.

Order Number: 90013

Order Date: 02/01/2010

\*\*\*Final Report\*\*\*

Exam Charge Date: Feb 1 2010 7:40AM

PROCEDURE: QCE 0169 - EC METRO CHEST 1 VIEW -- 5427302

CLINICAL HISTORY: Physical.

TECHNIQUE: \

COMPARISON STUDIES: \

## FINDINGS:

Frontal view chest dated 02/01/2010 compared to 02/17/2009. There are no focal areas of collapse or consolidation. There is no pulmonary edema. The cardiac and mediastinal silhouettes are normal in size and contour. There is no pneumothorax or pleural effusion.

## IMPRESSION:

1. No acute pulmonary process

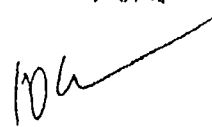
FEB 01 2010  
JOSE JOYA, MD

Date FEB 01 2010

Interpreting Radiologist: MICHAEL SCHUNK M.D.

Dictated at: Feb 1 2010 7:45A

Signed and Finalized by: MICHAEL SCHUNK M.D. Feb 1 2010 7:45A



Patient: HOLLAND, ROBERT

DOB: 01/13/1960

Account Number: 008577937498 Seq#: 6577

Medical Record Number: 000-184-232

Order Number: 90013 EC METRO CHEST 1 VIEW

Exam Charge Date: Feb 1 2010 7:40AM

The information contained in this document is privileged and confidential. If you are not the intended recipient, reproduction, dissemination, or distribution of this document is prohibited. If you have received this document by fax in error, please notify the UMC Radiology Department at (702) 383-2241.

# University Medical Center of Southern Nevada

## PHM

1700 Wheeler Peak Street, Las Vegas, NV 89106  
Dr. Arthur Del Rosario, Laboratory Director

003410

Patient Name : HOLLAND, ROBERT  
Patient Acct No: 8577937498  
Med Record No: 184232

Accession No: 10-032-01297  
Doctor: JOYA, JOSE F

Print Date: 2/1/2010  
DOB: 01/13/1960  
Sex: Male

### HEMATOLOGY - QUICK CARE

#### COMPLETE BLOOD COUNT

Date 02/01/2010  
Day of Stay Mon  
Time 07:30:00

Procedure	Units	Reference Range
WBC	K/MM3	[4.30-12.00]
RBC	M/MM3	[4.50-6.00]
HGB	g/dL	[13.0-17.0]
HCT	%	[39.0-54.0]
MCV	fL	[80.0-100.0]
MCH	pg	[26.0-34.0]
MCHC	%	[31.0-36.9]
PLATELET	K/MM3	[150-450]
GRAN%	%	[42.0-71.0]
LYMPH%	%	[24.0-44.0]
MIXED%	%	[0-15.0]

#### MISCELLANEOUS HEMATOLOGY

Date 02/01/2010  
Day of Stay Mon  
Time 07:30:00

Procedure	Units	Reference Range
SED RATE	mm/hr	[0-15]

02/01/2010 07:30:00 SED RATE:  
SLOT # 4

JOSE JOYA, MD  
FEB 03 2010

Patient Name:	HOLLAND, ROBERT	Account No.	8577937498	Location:	PHM	Date:	2/1/2010
RESULT FLAGS:	L	Low Result	P	Panic Range			
	H	High Result	*	Abnormal Result			
	C	Corrected Result	f	There's a footnote (comment) associated with this result			

CRIID: 8506963

## University Medical Center of Southern Nevada

PHM

#03410

1700 Wheeler Peak Street, Las Vegas, NV 89106  
Dr. Arthur Del Rosario, Laboratory DirectorPatient Name : HOLLAND, ROBERT  
Patient Acct No: 8577937498  
Med Record No: 184232Accession No: 10-032-01297  
Doctor: JOYA, JOSE FPrint Date: 2/1/2010  
DOB: 01/13/1960  
Sex: Male

## URINALYSIS - QUICK CARE

## CLINICAL URINALYSIS

Date 02/01/2010  
Day of Stay Mon  
Time 07:30:00

Procedure	Units	Reference Range
COLOR	YELLOW	
APPEARANCE	CLEAR	
SPEC GRAVITY	1.015	[1.010-1.020]
U LEUKO ESTERASE	NEGATIVE	[NEGATIVE]
U NITRITE	NEGATIVE	[NEGATIVE]
PH	7.0	[5.0-8.0]
U PROTEIN	NEGATIVE	[NEGATIVE]
U GLUC(Quick Care)	NORMAL	[NORMAL]
U KETONES	NEGATIVE	[NEGATIVE]
U ROBIL.(Quick Care)	NEGATIVE	[NEGATIVE]
U BILIRUBIN	NEGATIVE	[NEGATIVE]
U BLOOD	NEGATIVE	[NEGATIVE]

## Patient Name History

Patient's Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50 AM	Current

JOSE JOYA, MD  
FEB 03 2010  
gh

Patient Name: HOLLAND, ROBERT	Account No. 8577937498	Location: PHM	Date: 2/1/2010
RESULT FLAGS:	L Low Result	P Panic Range	
	H High Result	* Abnormal Result	
	C Corrected Result	† There's a footnote (comment) associated with this result	

CRID: 8506963

# University Medical Center of Southern Nevada

Department of Pathology  
1800 W. Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Director of Laboratories

#03410

Patient Name: HOLLAND, ROBERT  
Hospital No: 8577937498  
Discharge Date: 2/1/2010

Room: PHM -  
MRN: 184232  
Doctor: JOYA, JOSE F

Printed: 2/2/2010  
DOB: 1/13/1960  
Sex: Male

## CHEMISTRY

### GENERAL CHEMISTRY

Date: 2/1/2010  
Day of Stay: Mon  
Time: 7:30:00 AM

Procedure	Units	Ref Range
GGT	32	U/L [9-36]

### COMPREHENSIVE METABOLIC PANEL

Date: 2/1/2010  
Day of Stay: Mon  
Time: 7:30:00 AM

Procedure	Units	Ref Range
SODIUM	140	MMOL/L [136-145]
POTASSIUM	5.2 H	MMOL/L [3.5-5.1]
CHLORIDE	107	MMOL/L [98-110]
CO2	26	MMOL/L [22-31]
Anion Gap	7 L	MMOL/L [8-16]
GLUCOSE	101	MG/DL [70-110]
BUN	15	MG/DL [9-26]
CREATININE	1.0	MG/DL [0.6-1.5]
CALCIUM	9.9	MG/DL [8.4-10.2]
MAGNESIUM	2.2	MG/DL [1.6-2.6]
PHOSPHORUS	3.1	MG/DL [2.3-4.7]
CHOLESTEROL	189	MG/DL [≤200]
URIC ACID	5.9	MG/DL [3.5-8.0]
TOTAL PROTEIN	7.1	G/DL [6.4-8.3]
ALBUMIN	4.4	G/DL [3.5-5.0]
GLOBULIN	2.7	G/DL [1.3-3.7]
A/G RATIO	1.6	[0.9-3.5]
AST (SGOT)	18	U/L [5-34]
ALT (SGPT)	31	U/L [0-55]
LDH	169	U/L [125-243]
ALK PHOS	62	U/L [40-150]
TOTAL BILI	0.8	MG/DL [0.0-1.2]
Direct BILI	0.3	MG/DL [0.0-0.5]

JOYA, JOSE F.  
FEB 03 2010  
9h

Patient: HOLLAND, ROBERT

Hosp No: 8577937498

Room: -

Date: 2/2/2010

#### RESULT FLAGS:

L Low Result  
H High Result  
C Corrected Result

P Panic Value  
\* Abnormal Result  
f there is a footnote (comment) associated with this result

CRID: 8509590

Page 1 of 3

# University Medical Center of Southern Nevada

Department of Pathology  
1800 W. Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Director of Laboratories

#03410

Patient Name: HOLLAND, ROBERT  
Hospital No: 8577937498  
Discharge Date: 2/1/2010

Room: PHM -  
MRN: 184232  
Doctor: JOYA, JOSE F

Printed: 2/2/2010  
DOB: 1/13/1960  
Sex: Male

## C H E M I S T R Y

### COMPREHENSIVE METABOLIC PANEL

2/1/2010 7:30:00 AM CHOLESTEROL:  
Total Cholesterol Reference:

< 200	Desirable
200 - 239	Borderline
> 240	High

### CARDIAC MONITORS

Date 2/1/2010  
Day of Stay Mon  
Time 7:30:00 AM

Procedure	Units	Ref Range
CK	IU/L	[30-200]
135		

### LIPID PANEL

Date 2/1/2010  
Day of Stay Mon  
Time 7:30:00 AM

Procedure	Units	Ref Range
CHOLESTEROL i	MG/DL	[<=200]
189		
TRIGLYCERIDE	MG/DL	[<=150]
130		
HDL i	MG/DL	[>=60]
35		
calculated LDL i	MG/DL	[<=100]
128		

2/1/2010 7:30:00 AM HDL:

HDL Cholesterol Reference:

< 40	Low
=> 60	High

JOSE JOYA, MD  
FEB 03 2010  
ph

Patient: HOLLAND, ROBERT

Hosp No: 8577937498

Room: -

Date: 2/2/2010

#### RESULT FLAGS:

L Low Result  
H High Result  
C Corrected Result

P Panic Value  
\* Abnormal Result  
† there is a footnote (comment) associated with this result

CRID: 8509590

## University Medical Center of Southern Nevada

Department of Pathology  
1800 W. Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Director of Laboratories

#03410

Patient Name: HOLLAND, ROBERT  
Hospital No: 8577937498  
Discharge Date: 2/1/2010

Room: PHM -  
MRN: 184232  
Doctor: JOYA, JOSE F

Printed: 2/2/2010  
DOB: 1/13/1960  
Sex: Male

## C H E M I S T R Y

## LIPID PANEL

2/1/2010 7:30:00 AM calculated LDL:  
LDL Cholesterol Reference:

< 100	Optimal
100 - 129	Near Optimal/Above Optimal
130 - 159	Borderline High
160 - 189	High
=> 190	Very High

## I M M U N O C H E M I S T R Y

## HEPATITIS

Date: 2/1/2010  
Day of Stay: Mon  
Time: 7:30:00 AM

Procedure	Units	Ref Range
Hepatitis A Antibody, IGM	NON REACTIVE	
Hepatitis B Core Antibody, IGM	NON REACTIVE	
Hepatitis B Surface Antigen i	NON REACTIVE	
Hepatitis C Antibody	NON REACTIVE	
Hep C Antibody Units	.13	S/CO
Hep C Antibody Interp	See Below	

2/1/2010 7:30:00 AM Hep C Antibody Interp  
Hepatitis C Antibody Interpretation = NEGATIVE

2/1/2010 7:30:00 AM Hepatitis B Surface Antigen:  
HBSAG reactivity should be correlated with patient history and the presence of other hepatitis markers.

JOSE JOYA, MD  
FEB 03 2010

Patient: HOLLAND, ROBERT Hosp No: 8577937498 Room: - Date: 2/2/2010

## RESULT FLAGS:

L Low Result  
H High Result  
C Corrected Result

P Panic Value  
\* Abnormal Result  
f there is a footnote (comment) associated with this result

CRID: 8509590

NEVADA

DRIVER LICENSE

LIC# 2101243459

EXPIRES 01-13-2012

CLASS ENDORSE RESTRICTIONS

CM

BIRTH DATE	SEX	HEIGHT	WEIGHT	EYES	HAIR
11-13-1960	M	5'11"	208	BRO	SLK



HOLLAND, ROBERT  
7409 SAND PEBBLE LN  
LAS VEGAS, NV 89129-6034

#034 10

Physical Taken  
01-24-11

#03410

UNIVERSITY MEDICAL CENTER  
ENTERPRISE PHYSICALS  
1700 Wheeler Peak Dr.  
Las Vegas, NV 89106  
702-383-3660

Las Vegas Metropolitan Police Dept.  
101 Convention Center Drive  
Las Vegas, NV 89109

As a result of the recent physical examination of your employee, identified below and in compliance with the Nevada Revised Statutes, Chapter 617, we are notifying you of the following predisposing physical, laboratory, x-ray or testing abnormalities, which may lead to the employee contracting heart and/or lung disease.

Additionally, we are enclosing methods by which the employee may correct these conditions in an effort to avoid any heart and/or lung complications in the future. LVMPD will not be responsible for any fees incurred from follow up with your family physician. These recommendations/actions must be provided to the employee.

Effective October 1, 1991, NRS, Chapter 617 also provides that any physical examination must include a hearing test.

**PREDISPOSING CONDITIONS:** An X indicates a predisposing condition may have been identified.

<input type="checkbox"/> Abnormal pulmonary function tests	<input type="checkbox"/> Abnormal Chest X-ray	<input type="checkbox"/> Smoker
<input checked="" type="checkbox"/> Elevated Cholesterol	<input checked="" type="checkbox"/> Abnormal Hearing	<input type="checkbox"/> Overweight
<input checked="" type="checkbox"/> Elevated Triglycerides	<input type="checkbox"/> Abnormal Stress Test	
<input type="checkbox"/> History of Cardiovascular disease	<input type="checkbox"/> Positive TB Test (Hx of +)	
<input type="checkbox"/> Other Abnormal Labs		

**CORRECTIVE MEASURES TO BE TAKEN BY THE EMPLOYEE:**

☐ Follow-up Pulmonary Function Test    ☐ Repeat Chemistry Panel    ☐ Stop Smoking  
☐ Repeat Urinalysis    ☐ Repeat CBC    ☐ Lose Weight: No. Lbs \_\_\_\_\_  
☐ Follow-up abnormal tests with your Primary Physician  
☐ If patient does not have a Primary Care Physician, we can make an appointment at one of our Primary Care Clinics

**COMMENTS:**

1. The periodic Health Questionnaire shows; \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No significant responses.  
 2. The Physical Exam shows: Wt. 221 Ht. 5'11" The employee is a non-smoker.  
 Blood Pressure is: 114 / 79  
 3. Pure tone Audiogram-Hearing test shows AB a normal exam.  
 4. Spirometry shows a normal exam.  
 5. Treadmill Stress Test/EKG shows LDL 117 negative for ischemia.  
 6. Chest X-RAY shows a normal exam.  
 7. Laboratory Work is essentially within normal limits.  
 8. Current Mantoux TB Skin Test 159 positive negative (circle appropriate)

no cholest/trig

ENC# 81527657 51 DOB 1/13/1960  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 MR# 000-184-232 ADM 2/07/2011

#03410

UNIVERSITY MEDICAL CENTER  
 ENTERPRISE PHYSICALS  
 1700 Wheeler Peak Dr.  
 Las Vegas, NV. 89106  
 702-383-3660

Page 2

## COMMENTS (cont'd)

The following tests were outside the range of laboratory normals. They appear to be not clinically significant or have low probability of being caused by a disease process- a second opinion by the employee's Primary Care Physician is always an option.

## CORRECTIVE ACTION:

Whenever an employee is notified of the need for corrective action based on the results of the physical examination, it is imperative that the employee take the recommended corrective action. Failure to obtain or make progress toward the recommended corrective action may constitute a predisposing condition that may make the employee ineligible for coverage for a worker's compensation claim related to that condition. Corrective action taken must be accomplished at the employee's expense and must be documented. Such documentation must be provided to the Personnel Department along with any continuing follow up related to the corrective action.

*bearing protection, low fat diet.  
 250 mg/day of sb-miscin-*

In conclusion with all the information that has been provided to me, it appears that the employee is in good health and remains acceptable for employment.

Physician Signature

JOSE JOYA, MD

FEB 07 2011

Date

Time

7:00.

JOSE JOYA, MD

FEB 07 2011

Physician Stamp

ENC# 81527657 51 DOB 1/13/1960  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 MR# 000-184-232 ADM 2/07/2011 M

## ANNUAL PHYSICAL MEDICAL EXAMINATION

EMPLOYEE'S NAME:

ENC# 81357162 51 DOB 1/13/1960  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 MR# 000-184-232 ADM 1/24/2011 JHLY

#03410

1. UPON RECEIPT OF YOUR PHYSICAL PACKET, please call UMC to schedule your appointment at 383-3660 Monday, Wednesday or Friday from 7:30 a.m. - 5:30 p.m., Tuesday or Friday from 7:30 a.m. - 9:30 p.m. and on Saturday and Sunday call 383-2565 from 8:30 a.m. - 5:30 p.m.

YOUR EXAMINATION WILL BE COMPLETED AT THE FOLLOWING LOCATION:

NEW UMC PHYSICALS DEPARTMENT  
 1760 WHEELER PEAK DR.  
 LAS VEGAS, NV 89106

Please use this entrance located on the back

Monday - Friday from 7:00 a.m. - 3:00 p.m.

Monday - Friday after 3:00 p.m., please use the front entrance of Quick Care located at 1700 Wheeler Peak St.

(CALL 383-3660 IF YOU ARE GOING TO BE LATE, NEED TO CANCEL OR HAVE QUESTIONS)

2. Examinee MUST FAST TWELVE (12) HOURS BEFORE BLOOD WORK. No food or beverage (water is allowed). You may continue your prescribed medication. PLEASE DO NOT EXERCISE 24 HOURS PRIOR TO YOUR PHYSICAL AND BLOOD WORK!!!
3. Fasting blood work may be done prior to your appointment on a walk in basis Monday thru Friday from 7:00 a.m. - 5:00 p.m., but not more than 30 days of your actual physical.
4. Your appointment must be made for ON-DUTY hours. Overtime is not authorized. Supervisors are encouraged to adjust shifts in order to accommodate available hours.
5. Department procedure 5/101.20, may require negative sanctions and does require a memorandum from the appropriate Office/Bureau/Area Commander, for the following reasons:
- Failure to schedule or reschedule any portion of their annual physical exam during their birth month.
  - Missed or canceled appointment for any reason.
  - Failure to complete any portion of the physical exam.
6. Examinee MUST COMPLETE the attached questionnaire BEFORE reporting for the examination.
7. Persons with an appointment SHOULD REPORT DIRECTLY TO UMC, with tennis shoes, shorts or sweat pants for wear during the Cardiac (stress) test. Please mention if a bike stress test is medically necessary when making appointment.
8. This cover sheet DOES NOT need to be returned to Health Detail upon the completion of examination. A copy of the medical results will be given to the employee by physician during the second phase of the physical.
9. When you receive your original copy from UMC please retain for your records.

EXAMINATION DATE:

1/24/11

EXAMINATION TIME:

0700

EXAMINATION COMPLETED BY:

(PHYSICIAN'S SIGNATURE)

#03410

## IMPORTANT INFORMATION REGARDING PHYSICAL EXAMINATIONS

Industrial insurance benefits are available to all qualified police officers and firemen who acquire lung and heart diseases. To qualify, certain minimum employment requirements must be met and firemen and police officers are required to submit to physical examinations.

Nevada Revised Statutes, NRS 617.455 and 617.457, provide that, under certain circumstances, all lung and heart diseases for police officers and firemen, and lung diseases for volunteer firemen, are conclusively presumed to have arisen out of and in the course of employment.

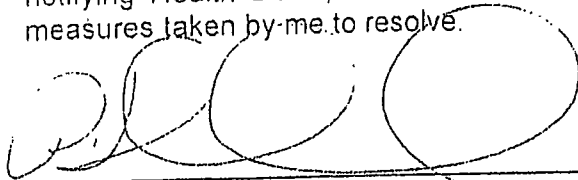
The Nevada Administrative Code (NAC), Chapter 617, provides the administrative requirements for all police officers and firemen who are required to submit to physical examinations in order to receive industrial insurance benefits pursuant to NRS 617.455 and 617.457. These requirements detail the frequency of examinations, the minimum requirements for the exams, the duties of the employer, and the duties of the employee.

Failure to correct the condition(s) as described in the examination report, which you have received this date, may result in loss of benefits due you under Nevada Revised Statute 617, Occupational Diseases, if it is within your ability to correct it/them.

I, ROBERT HOLLAND, acknowledge receipt of my annual physical

(EMPLOYEE'S NAME - PLEASE PRINT)

examination results on the attached pages. I have been advised of any predisposing conditions, suggested corrective measures, and comments made by the attending physician. I understand I am responsible for the corrective actions listed as well as notifying Health Detail, within a reasonable length of time, of any and all corrective measures taken by me to resolve.



EMPLOYEE'S SIGNATURE

3410

P#

2/7/11

DATE

Acct No. 1048-774 Chart No. 000-184-232 Slip/Enc No: 81357162  
 Dr. MCP MCCARRAN PHYS Appt Date: 1/24/11 Acct Type: CA CANY ACCT  
 Spec: MCP PCP: 0000 Time: 7:00 AM Sign Date: 1/24/11 AMPETERSO  
 Patient: ROBERT HOLLAND  
 Address: 101 CONVENTION CENTER DR (PO) Sex: M DOB: 1/13/1960 Age: 51 #03410  
 LAS VEGAS, NV 89109 Home Phn: (000) 000-0000  
 Work Phn: (702) 656-1299 Cell: (702) 813-8412 Pt Employer: 00000  
 Reason: METRO PO Memo: TMT

Guarantor: HEALTH DETAIL

Guar Phn: (000) 000-0000

Ins# Carrier

Policy

Start

Stop

Seq

PLEASE HAVE PERSONNEL INITIAL TIME ARRIVED AND TIME LEAVING; INDICATE ANY COMMENTS WHY TEST WAS NOT DONE, FOR WHATEVER REASON!

CONTACT PHONE \_\_\_\_\_

DATE PHYSICAL SCHEDULED:			DATE RESCHEDULED:		
DEPARTMENT	TIME ARRIVED	INITIAL	TIME LEAVING	INITIAL	COMMENTS
LAB DRAW (Must fast 12 hours prior to draw, you may drink water during this fasting period)	112	BC	115	BC	RAC NO 8700
AUDIOLOGY	725	R	730	P	
PULMONARY	740	R	742	P	
STRESS TEST/ RESTING EKG/ STAIRMASTER/ BICYCLE/	845	ds	810	ds	
CHEST X-RAY	0720	ENC	0725	ENC	
PHYSICAL EXAM					
TB SKIN TEST	0716	BC	0718	BC	

OFFICERS COMMENTS / SUGGESTIONS:

LO4#148605  
 EAP 06-12

003410

# Firemen And Police Officer's Medical History Form

To the Fireman or Police Officer: Please complete this form prior to your examination and present the completed form to the medical examiner. If the same examiner conducts both heart and lung examinations in any one year, only one History form need be completed.

Name (Last, First, Middle) <b>HOLLANDS ROBERT</b>	Age <b>51</b>	Date of Birth <b>11/3/60</b>
Address <b>3409 SAND PEBBLE L.N.</b>	Organization/Employer <b>LUMPKIN</b>	
Personal Physician's Name <b>DR. CHRISTIANSEN</b>	Occupation <b>P.O.</b>	

IF THE ANSWER TO ANY QUESTION ON THIS FORM IS "YES", PLEASE EXPLAIN IN THE SPACE PROVIDED FOR ON THE REVERSE SIDE.

1. Have you ever had any trouble with your heart or been told that you had trouble with your heart?
2. Have you ever been treated for high blood pressure or ever been told that your blood pressure was not normal?
3. In the past five years, have you been hospitalized overnight for any reason?
4. In the past twelve (12) months, have you seen a doctor for anything other than routine checkups?
5. Have you, or any of your immediate family (father, mother, sister, and/or brother) ever had any of the following?

YES	NO
	X
	X
X	
X	

Allergies (asthma, hayfever, bronchitis, skin rash, eczema)?

Eye trouble (other than corrective lenses)?

Blood pressure trouble?

High blood pressure?

Heart trouble?

Heart attack?

Diabetes?

Stroke?

Gout?

YES (Indicate who has had the problem)	NO
MYSELF, WIFE	
	X
	X
	X
	X
	X
	X
	X
	X

6. Do you smoke? If you answer yes, indicate how much per day.
7. Have you experienced any prolonged shortness of breath?
8. Do you have regular episodes of coughing?
9. Do you drink alcoholic beverages? If yes, indicate daily quantity.
10. How many cups of coffee do you usually drink per day?
11. Do you consider yourself overweight?

Number of packs, cigars, pipefuls, etc

Indicate beverage and quantity

Quantity

YES	NO
	X
	X
	X
	X
	X
	X

THE ANSWERS TO THE QUESTIONS ASKED ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Signature

Date

1/23/11

#03410

Firemen And  
Police Officer's  
Lung Examination  
Form

Name (Last, First, Middle) <b>HOLLAND ROBERT</b>	Sex <b>M</b>	Date of Examination <b>1/24/11</b>
Address <b>2409 SANDPERBLE IN.</b>	Age <b>51</b>	Date of Birth <b>1/13/60</b>
Personal Physician's Name <b>JIM CHRISTIANSEN</b>	Occupation <b>P.O.</b>	

## PHYSICAL

HEIGHT

**5'11"**

BLOOD PRESSURE

**114/70**

WEIGHT

**221**

OVERWEIGHT?

YES ☐ NO ☒

## CHEST X-RAY

NORMAL

**Y**ABNORMAL  
(Specify)

## STETHOSCOPIC EXAMINATION OF THE LUNGS

NORMAL

**X**ABNORMAL  
(Specify)

## SPIROMETER TEST\* (OPTIONAL FOR VOLUNTEER FIREMAN)

**NORMAL**ABNORMAL  
(Specify)

\*Spirometer testing is to be conducted in accordance with Social Security Regulations entitled "Rules for Determining Disability and Blindness", SSA Publication No.64-014, I.C.M. 436850, June 1985

It is recommended that you contact your personal physician for advice concerning correction of . . .

Examiner's Signature <b>JOSE JOYA, MD</b>	Date <b>FEB 07 2011</b>
--	----------------------------

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature <b>[Signature]</b>	Date <b>1/23/11</b>
--	------------------------

#03410

Firemen And  
Police Officer's  
Extensive Heart  
Examination Form

Name (Last, First, Middle) <b>HOLLAND ROBERT</b>	Sex <b>M</b>	Date of Examination <b>1/24/11</b>
Address <b>7409 SAND PEBBLE LN.</b>	Age <b>51</b>	Date of Birth <b>1/13/60</b>
Personal Physician's Name <b>JIM CHRISTIANSEN</b>	Occupation <b>P.O.</b>	

## PHYSICAL

HEIGHT

BLOOD PRESSURE

WEIGHT

OVERWEIGHT?

## EKG

NORMAL

ABNORMAL  
(Specify)

## STRESS EKG\*

NORMAL

ABNORMAL  
(Specify)

\*If 40 years old or older or if abnormalities with resting EKG and  
no contraindications to performing test exist.

## STETHOSCOPIC EXAMINATION OF THE HEART

NORMAL

ABNORMAL  
(Specify)

Triglycerides	Cholesterol	Urine Glucose
---------------	-------------	---------------

It is recommended that you contact your personal physician for advice concerning correction of . . .

Examiner's Signature 	Date <b>FEB 07 2011</b>
--------------------------	----------------------------

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature 	Date <b>1/23/11</b>
--------------------------	------------------------

Form DD-3 (rev 7/95)



#03410

Firemen And  
Police Officer's  
Hearing  
Examination Form

Name (Last, First, Middle) <b>HOLLAN ROBERT</b>	Sex <b>M</b>	Date of Examination <b>11/24/11</b>
Address <b>7409 SAND PEBBLE LN.</b>	Age <b>51</b>	Date of Birth <b>11/13/60</b>
Personal Physician's Name <b>JIM CHRISTIANSEN</b>	Occupation <b>PO.</b>	

## Audiometric Results

Frequency in Hertz (Hz), Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz), Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,  
and 4K Results:

Average of 2K, 3K,  
and 4K Results:

## Otoscope Examination

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance  
Excessive Wax or Debris  
Abnormal Appearance

## Remarks

*Right 1085*

*[Signature]*

## RECOMMENDATIONS

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

Audiometer		Serial Number	Calibration Date
Tester's Name	Title	Tester's Signature	Test Date and Time

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature <i>[Signature]</i>	Date <b>11/23/11</b>
--	-------------------------

Form 015-5 (Rev. 7/95)

## Subject Information:

Company: UNIVERSITY MEDICAL CENT Hire Date: 03410  
 SSN: 000-18-4232 Language: English  
 Name: HOLLAND, ROBERT Location: ENTERPRISE  
 Birth Date: 1/13/1960  
 Sex: M  
 Status: Active  
 In Program: Yes  
 Comment:

## Audiograms:

Date	Time	Baseline	Left Thresholds								Right Thresholds								ANSI S3.6-1989 2K, 3K, 4K Results	
			500	1K	2K	3K	4K	6K	8K	500	1K	2K	3K	4K	6K	8K	Left	Right		
2/17/2009	7:24:20		15	15	5	10	40	20	25	10	5	0	0	10	15	25	Missing or invalid d	Missing or invalid d		
2/1/2010	7:20:14	S	20	15	5	15	45	15	35	15	10	5	0	15	15	35	First Test	First Test		
1/24/2011	7:11:31	S	15	10	5	10	40	25	35	15	5	0	0	15	15	40	Better	No Change		

## Most Recent Test:

Examiner: PC Serial: 20369  
 Model: CCA-200 Cal Date: 9/22/2010  
 Hours Since Last Exposure: Lf Otoscope:  
 Exposure: YES Rt Otoscope:  
 Department: METRO Training:  
 Job: Refer Subject:  
 Shift: Self Eval:

Protector Type:

Protector Use:

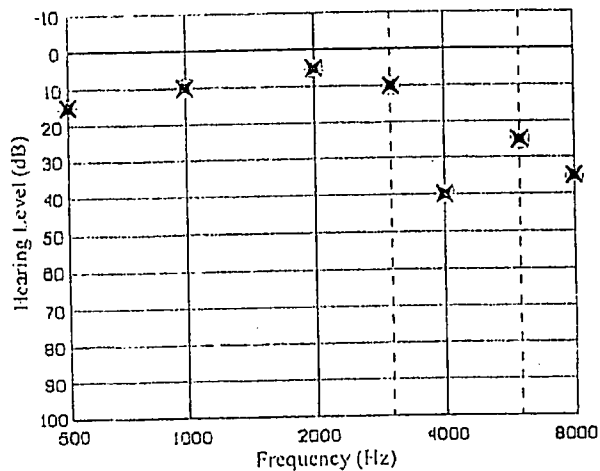
Comment:

## Most Recent Analysis:

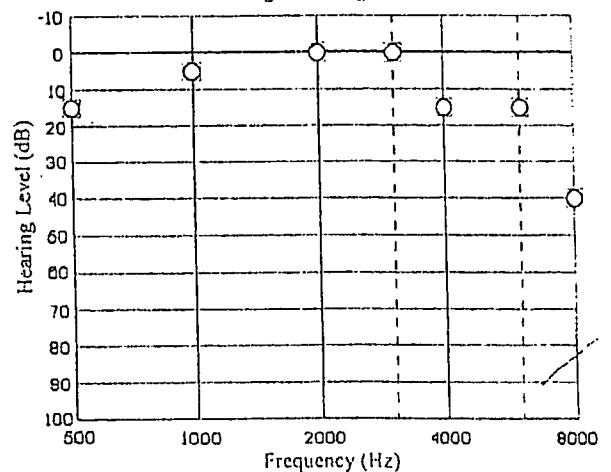
Standard Threshold Shift (with Age Correction):  
 Possible OSHA Recordable Shift: 29 CFR 1904.10 - 2002  
 Current OSHA STS Trend (2,3,4K Avg.):  
 Speech Frequency Average (.5,1,2,3K Avg.):  
 High Frequency Average (4,6,8K Avg.):

Left		Right	
-3.6	No	-2.0	No
	No		No
18		5	
10	Normal	5	Normal
33	Mild	23	Normal

Left Audiogram



Right Audiogram



x Left o Right □ Baseline

P. C. Peterson 1/24/11  
 Examiner Date

ENC# 81357162 51 DCB 1/13/1960  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 MR# 000-184-232 ADH 1/24/2011

Subject

Date

Subject Summary

# Pulmonary Function Report

UMC  
UMC

#03410

Screener Report

## Patient Information

Name: HOLLAND, ROBERT	ID: 000-184-232	Birthdate: 1/13/1960
Height at test (in): 71.0	Sex: Male	Smoking history (pk-yr): 0
Weight at test (lb): 221.0	Age at test: 51	Predicted set: Hankinson (NHANES III)

Comments: METRO ANNUAL PHYSICAL

Diagnosis:

## Interpretation

NORMAL SPIROMETRIC VALUES indicate the absence of any significant degree of obstructive pulmonary impairment and/or restrictive ventilatory defect. This interpretation is valid only upon physician review and signature.

Site:

Effort protocol: ATS 1987

Test date/time: 01/24/11 07:40:03 AM

Physician:

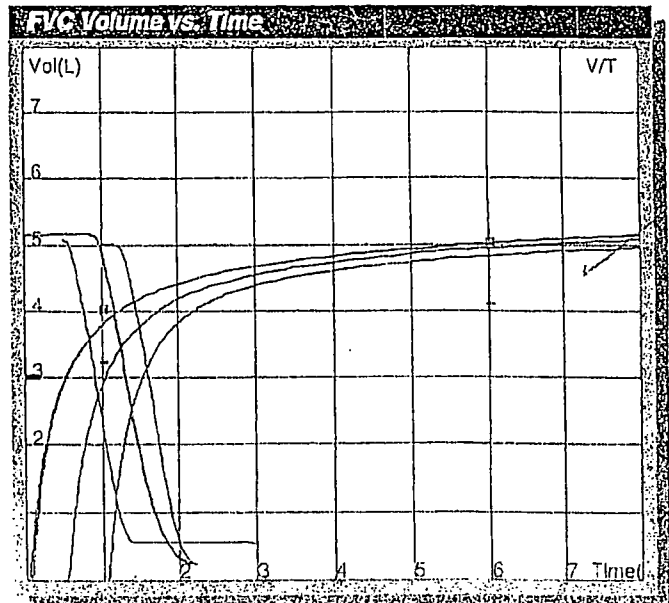
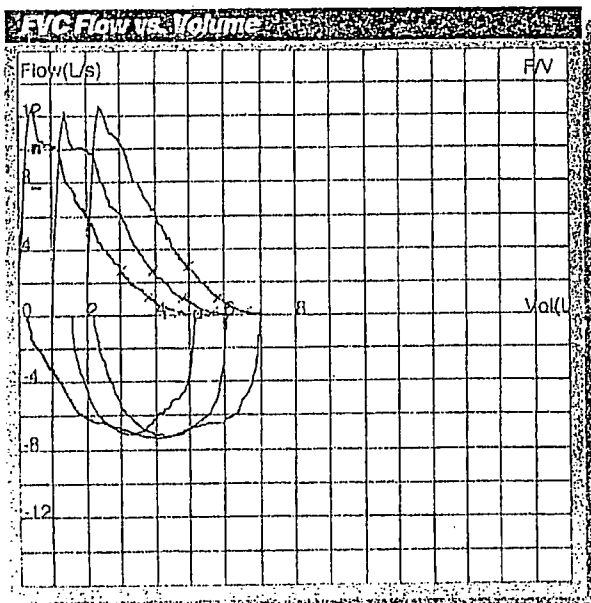
Number of efforts performed: 3

Technician: UMC

## Results

Result	Pred	Best	%Prd	Cons	%Prd	Inc	%Prd
FVC (L)	5.20	5.17	99%	5.10	98%	4.95	95%
FEV <sub>1</sub> (L)	4.03	3.85	96%	3.81	95%	3.88	96%
FEV <sub>1</sub> /FVC	0.78	0.74	96%	0.75	96%	0.78	101%
FEF <sub>25-75%</sub> (L/s)	3.52	2.85	81%	2.87	81%	3.38	96%
PEFR (L/s)	10.01	12.86	129%	12.30	123%	12.61	126%
Vext %	---	1.52	---	1.44	---	1.44	---

Test comments:



#03410


## UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

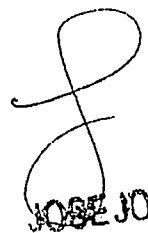
## METRO/CCFD TREADMILL STRESS TEST

The patient exercised for 9:00 minutes on standard Bruce protocol.  
Baseline heart rate 90 beats per minute and baseline blood pressure 114/74.  
With exercise, the heart rate went up to 146 beats per minute which is 86% target heart rate, 10.1 METs and blood pressure of 140/80.  
Baseline EKG shows sinus rhythm. No acute changes.  
Symptoms noted: None.  
Reason for termination: Target heart rate.

## IMPRESSION:

1. EKG STRESS TEST IS NEGATIVE FOR ISCHEMIA
2. GOOD EXERCISE CAPACITY NOTED.
3. NORMAL BLOOD PRESSURE RESPONSE.

  
ROBERT WESLEY, M.D.  
RW/pal  
DT: 1-26-11

  
JOSE JOYA, MD  
JAN 27 2011  
11h

=====

MR #: METRO  
NAME: HOLLAND, ROBERT  
ENCOUNTER #: 81357162  
DATE: 1-24-11  
DOB: 1-13-60  
PHYSICIAN:

METRO/CCFD TREADMILL STRESS TEST

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
DEPARTMENT OF RADIOLOGY

1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102  
(702) 383-2241

#03410

Name: HOLLAND, ROBERT

Sex: M

Age: 51Y

Date of Birth: 01/13/1960

Location: PHM -

Medical Record Number: 000-184-232

Ordering Physician: JOSE JOYA M.D.

Order Number: 90014

Order Date: 01/24/2011

\*\*\*Final Report\*\*\*

Exam Charge Date: Jan 24 2011 7:19AM

PROCEDURE: QCE 0169 - EC METRO CHEST 1 VIEW -- 5737124

CLINICAL HISTORY: Annual Metro physical.

TECHNIQUE: Chest, 1 view.

TECHNIQUE: \

COMPARISON STUDIES: \

## FINDINGS:

The lungs are clear. No pleural effusions. No pneumothorax. The heart size is normal. The pulmonary vascularity is normal. The mediastinal contour is normal. There is no hilar or mediastinal lymphadenopathy. The visualized thoracic spine and ribs are normal.

## IMPRESSION:

Normal chest, one view.

Enterprise Care Center

JAN 25 2011

JOSE JOYA, MD

Reviewed by Dr.

Date of review

JAN 25 2011

Interpreting Radiologist: KEIR F. HALES M.D.

Dictated at: Jan 24 2011 7:50A

Signed and Finalized by: KEIR F. HALES M.D. Jan 24 2011 7:47A

Patient: HOLLAND, ROBERT

DOB: 01/13/1960

Account Number: 008581357162 Seq#: 8651

Medical Record Number: 000-184-232

Order Number: 90014 EC METRO CHEST 1 VIEW

Exam Charge Date: Jan 24 2011 7:19AM

The information contained in this document is privileged and confidential. If you are not the intended recipient, reproduction, dissemination, or distribution of this document is prohibited. If you have received this document by fax in error, please notify the UMC Radiology Department at (702) 383-2241.

340  
met

University Medical Center of Southern Nevada

PHM

#03410

1700 Wheeler Peak Street, Las Vegas, NV 89106  
Dr. Arthur Del Rosario, Laboratory Director

Patient Name : HOLLAND, ROBERT  
Patient Acct No: 8581357162  
Med Record No: 184232

Accession No: 11-024-01514  
Doctor: JOYA, JOSE F

Print Date: 1/24/2011  
DOB: 01/13/1960  
Sex: Male

## URINALYSIS - QUICK CARE

## CLINICAL URINALYSIS

Date 01/24/2011  
Day of Stay Mon  
Time 07:12:00

Procedure	Units	Reference Range
COLOR	YELLOW	
APPEARANCE	CLEAR	
SPEC GRAVITY	1.005 L	[1.010-1.020]
U LEUKO ESTERASE	NEGATIVE	[NEGATIVE]
U NITRITE	NEGATIVE	[NEGATIVE]
PH	6.0	[5.0-8.0]
U PROTEIN	NEGATIVE	[NEGATIVE]
U GLUC(Quick Care)	NORMAL	[NORMAL]
U KETONES	NEGATIVE	[NEGATIVE]
U ROBIL(Quick Care)	NEGATIVE	[NEGATIVE]
U BILIRUBIN	NEGATIVE	[NEGATIVE]
U BLOOD	NEGATIVE	[NEGATIVE]

## Patient Name History

Patient's Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50 AM	Current

JOSE JOYA, MD  
JAN 25 2011

Th

Patient Name:	HOLLAND, ROBERT	Account No.	8581357162	Location:	PHM	Date:	1/24/2011
RESULT FLAGS:	L Low Result      P Panic Range H High Result      * Abnormal Result C Corrected Result      f There's a footnote (comment) associated with this result:						

CRID: 9573542

# University Medical Center of Southern Nevada #03410

Department of Pathology  
1800 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Medical Director of Laboratories

Patient Name : HOLLAND, ROBERT  
Hospital No. : 8581357162  
Discharge Date: 01/24/2011

Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE F

Print Date: 1/25/2011  
DOB: 01/13/1960  
Sex: Male

## HEMATOLOGY

### COMPLETE BLOOD COUNT

Date 01/24/2011  
Day of Stay Mon  
Time 07:12:00

Procedure	Units	Reference Range
WBC	7.20	K/MM3 [4.30-12.00]
RBC	4.96	M/MM3 [4.50-6.00]
HGB	15.6	g/dL [13.0-17.0]
HCT	47.1	% [39.0-54.0]
MCV	95.0	fL [80.0-100.0]
MCH	31.6	Pg [26.0-34.0]
MCHC	33.2	% [31.0-36.9]
PLATELET	284	K/MM3 [150-450]
MPV	7.8 L	fL [9.0-17.0]
RDW	13.2	% [11.0-16.0]
GRAN%	60.1	% [42.0-71.0]
MONO%	6.9	% [0.0-14.0]
LYMPH%	26.6	% [24.0-44.0]
EOS%	6.0	% [0.0-6.0]
BASO%	0.4	% [0.0-1.0]
NRBC%	0.0	% [0.0-0.1]
ABS GRAN	4.3	K/MM3 [1.8-7.7]
ABS MONO	0.5	K/MM3 [0.0-1.7]
ABS LYMPH	1.9	K/MM3 [1.0-4.8]
ABS EOS	0.4	K/MM3 [0.0-0.7]
ABS BASO	0.0	K/MM3 [0.0-0.3]

01/24/2011 07:12:00 SGCBC:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

JOSE JOYA, MD  
JAN 25 2011

### MISCELLANEOUS HEMATOLOGY

Date 01/24/2011  
Day of Stay Mon  
Time 07:12:00

Procedure	Units	Reference Range
SED RATE	2	MM/HR [0-15]

Patient:	Hosp. No.:	Room:	Print Date:
HOLLAND, ROBERT	8581357162	-	1/25/2011

RESULT FLAGS:	L	H	C	P	*	f
	Low Result	High Result	Corrected Result	Panic Value	Abnormal Result	There is a footnote (comment) associated with this result

# University Medical Center of Southern Nevada #03410

Department of Pathology  
1800 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Medical Director of Laboratories

Patient Name : HOLLAND, ROBERT  
Hospital No. : 8581357162  
Discharge Date: 01/24/2011

Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE F

Print Date: 1/25/2011  
DOB: 01/13/1960  
Sex: Male

## U R I N A L Y S I S

### CLINICAL URINALYSIS

Date 01/24/2011  
Day of Stay Mon  
Time 07:12:00

Procedure	Units	Reference Range
COLOR	YELLOW	
APPEARANCE	CLEAR	
SPEC GRAVITY	1.005 L	[1.010-1.020]
U LEUKO ESTERASE	NEGATIVE	[NEGATIVE]
U NITRITE	NEGATIVE	[NEGATIVE]
PH	6.0	[5.0-8.0]
U PROTEIN	NEGATIVE	[NEGATIVE]
U GLUC(Quick Care)	NORMAL	[NORMAL]
U KETONES	NEGATIVE	[NEGATIVE]
UROBIL(Quick Care)	NEGATIVE	[NEGATIVE]
U BILIRUBIN	NEGATIVE	[NEGATIVE]
U BLOOD	NEGATIVE	[NEGATIVE]

## C H E M I S T R Y

### GENERAL CHEMISTRY

Date 01/24/2011  
Day of Stay Mon  
Time 07:12:00

Procedure	Units	Reference Range
GGT	31	[12-64]

01/24/2011 07:12:00 SGGGT:  
Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

JOSE JOYA, MD  
JAN 25 2011

Patient: HOLLAND, ROBERT	Hosp. No.: 8581357162	Room: -	Print Date: 1/25/2011
RESULT FLAGS:			
L	Low Result	P	Panic Value
H	High Result	*	Abnormal Result
C	Corrected Result	f	There is a footnote (comment) associated with this result

## University Medical Center of Southern Nevada

#03410

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilodeau, M.D., Medical Director of Laboratories

Patient Name: HOLLAND, ROBERT  
 Hospital No.: 8581357162  
 Discharge Date: 01/24/2011

Room: PHM1 -  
 MRN: 184232  
 Doctor: JOYA, JOSE F

Print Date: 1/25/2011  
 DOB: 01/13/1960  
 Sex: Male

## C H E M I S T R Y

## COMPREHENSIVE METABOLIC PANEL

Date: 01/24/2011  
 Day of Stay: Mon  
 Time: 07:12:00

Procedure	Units	Reference Range
SODIUM	141	MMOL/L [136-145]
POTASSIUM	4.7	MMOL/L [3.5-5.1]
CHLORIDE	106	MMOL/L [98-110]
CO2	25	MMOL/L [22-31]
Anion Gap	10	MMOL/L [8-16]
GLUCOSE	100	MG/DL [70-110]
BUN	15	MG/DL [9-26]
CREATININE	0.9	MG/DL [0.6-1.5]
CALCIUM	9.7	MG/DL [8.4-10.2]
MAGNESIUM	2.4	MG/DL [1.6-2.6]
PHOSPHORUS	3.5	MG/DL [2.3-4.7]
CHOLESTEROL	186	MG/DL [≤200]
URIC ACID	6.6	MG/DL [3.5-8.0]
TOTAL PROTEIN	7.0	G/DL [6.4-8.3]
ALBUMIN	4.6	G/DL [3.5-5.0]
GLOBULIN	2.4	G/DL [1.3-3.7]
A/G RATIO	1.9	[0.9-3.5]
AST (SGOT)	13	U/L [5-34]
ALT (SGPT)	21	U/L [0-55]
LDH	156	U/L [125-243]
ALK PHOS	60	U/L [40-150]
TOTAL BILI	0.7	MG/DL [0.0-1.2]
Direct BILI	0.2	MG/DL [0.0-0.5]

01/24/2011 07:12:00 CHOLESTEROL:  
 Total Cholesterol Reference:

< 200 Desirable  
 200 - 239 Borderline  
 > 240 High

01/24/2011 07:12:00 SGCOMP:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

JOSE JOYA, MD  
 JAN 25 2011

JK

Patient: HOLLAND, ROBERT	Hosp. No.: 8581357162	Room: -	Print Date: 1/25/2011
RESULT FLAGS:	L Low Result	P Panic Value	
	H High Result	* Abnormal Result	
	C Corrected Result	f There is a footnote (comment) associated with this result	

## University Medical Center of Southern Nevada

#03410

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilodeau, M.D., Medical Director of Laboratories

Patient Name : HOLLAND, ROBERT

Room: PHM: -

Print Date: 1/25/2011

Hospital No. : 8581357162

MRN: 184232

DOB: 01/13/1960

Discharge Date: 01/24/2011

Doctor: JOYA, JOSE F

Sex: Male

## C H E M I S T R Y

## CARDIAC MONITORS

Date 01/24/2011  
 Day of Stay Mon  
 Time 07:12:00

Procedure	Units	Reference Range
CK	126	U/L [30-200]

01/24/2011 07:12:00 SGCK:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

## LIPID PANEL

Date 01/24/2011  
 Day of Stay Mon  
 Time 07:12:00

Procedure	Units	Ref Range
CHOLESTEROL i	186	MG/DL [≤200]
TRIGLYCERIDE	159 H	MG/DL [≤150]
HDL i	37 L	MG/DL [≥60] 40
calculated LDL i	117 H	MG/DL [≤100] 150

01/24/2011 07:12:00 HDL:

HDL Cholesterol Reference:

< 40 Low  
 => 60 High

01/24/2011 07:12:00 calculated LDL:

LDL Cholesterol Reference:

< 100 Optimal  
 100 - 129 Near Optimal/Above Optimal  
 130 - 159 Borderline High  
 160 - 189 High  
 => 190 Very High

JOSE JOYA, MD  
 JAN 25 2011

7h

01/24/2011 07:12:00 SGLIPID:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

Patient: HOLLAND, ROBERT	Hosp. No.: 8581357162	Room: -	Print Date: 1/25/2011
RESULT FLAGS:	L Low Result	P Panic Value	
	H High Result	* Abnormal Result	
	C Corrected Result	f There is a footnote (comment) associated with this result	

## University Medical Center of Southern Nevada

03410

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilodeau, M.D., Medical Director of Laboratories

Patient Name : HOLLAND, ROBERT

Room: PHM: -

Print Date: 1/25/2011

Hospital No. : 8581357162

MRN: 184232

DOB: 01/13/1960

Discharge Date: 01/24/2011

Doctor: JOYA, JOSE F

Sex: Male

## I M M U N O C H E M I S T R Y

## HEPATITIS

Date 01/24/2011  
 Day of Stay Mon  
 Time 07:12:00

Procedure	Units	Reference Range
Hepatitis A Antibody, IGM	NON REACTIVE	
Hepatitis B Core Antibody, IGM	NON REACTIVE	
Hepatitis B Surface Antigen i	NON REACTIVE	
Hepatitis C Antibody	NON REACTIVE	
Hep C Antibody Units	.04	S/C0
Hep C Antibody Interp	See Below	

01/24/2011 07:12:00 Hep C Antibody Interp  
 Hepatitis C Antibody Interpretation = NEGATIVE

01/24/2011 07:12:00 Hepatitis B Surface Antigen:

HBSAG reactivity should be correlated with patient history and the presence of other hepatitis markers.

## Name History

Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50	Current

JOSE JOYA, MD  
 JAN 25 2011

Patient: HOLLAND, ROBERT	Hosp. No.: 8581357162	Room: -	Print Date: 1/25/2011
RESULT FLAGS:	L Low Result	P Panic Value	
	H High Result	* Abnormal Result	
	C Corrected Result	f There is a footnote (comment) associated with this result	

#03410

NEVADA

DRIVER LICENSE

LIC# 2101243459

EXPIRES 01-13-2012

CLASS ENDORSE

RESTRICTIONS

CM

BIRTH DATE	SEX	HEIGHT	WEIGHT	EYES	HAIR
01-13-1960	M	5'11"	208	BRO	BLK

  
HOLLAND, ROBERT  
7409 SAND PEBBLE LN  
LAS VEGAS, NV 89129-6034

JAN

Patricia Lloyd-Scott

---

From: Robert Holland  
To: Patricia Lloyd-Scott  
Sent: Wednesday, February 23, 2011 7:22 PM  
Subject: Read: Annual Physical (predisposing risk factors)

#03410

Your message was read on Wednesday, February 23, 2011 7:21:40 PM (GMT-08:00) Pacific Time (US & Canada).

Patricia Lloyd-Scott

From: Patricia Lloyd-Scott  
 Sent: Wednesday, February 23, 2011 9:56 AM  
 To: Robert Holland  
 Subject: Annual Physical (predisposing risk factors)

#03410

Sent Via Confidential Email

Re: 1/24/2011 Annual Physical Examination

Dear Officer Robert Holland,

The Las Vegas Metropolitan Police Department has received the results of your annual physical examination, and in compliance with Nevada Administrative Code (NAC) 617, we are notifying you of the following predisposing conditions, which may lead to you developing heart and/or lung disease and impacting your ability to qualify for certain benefits under state law.

A copy of your annual physical should have been provided to you at the time of your examination with UMC Quick Care Enterprise. This letter will serve as confirmation of the predisposing conditions reviewed with you by the examining physician who has given you medical recommendations; and/or recommends that you contact your personal physician for advice and correction of the following:

Predisposing Risk Factors Identified:

_____ Overweight	_____ Tobacco Use
_____ Elevated Blood Sugar	_____ Elevated Cholesterol
<u>159</u> Elevated Triglycerides	_____ Elevated Blood Pressure

In order to meet requirements of NAC 617.080 and the NRS 617, the Department is required to inform you that failure to correct any predisposing risk factor(s), which leads to heart and/or lung disease when ordered to do so in writing by a treating physician, may result in excluding the employee from the benefits in this section if the correction is within the ability of the employee. **The Department will not be responsible for any fees incurred from follow-up with your physician.**

If you have any question or concerns regarding your annual physical examination, please contact Health Detail at 828-3695.

Thank you,

Patricia Lloyd-Scott  
 Health Detail SR LEST  
 LVMPD Risk Management  
 (702) 828-3695

\*\*\*\*\*

LVMPD Security Notice  
\*\*\*\*\*

#03410

This email is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

0302

Recipient  
Robert Holland

Read  
Read: 2/23/2011 7:22 PM

#03410

TRANSACTION REPC<sup>0303</sup>T

SEP/04/2019/WED 03:20 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	SEP/04	03:19PM	18595502731	0:00:37	1	MEMORY OK	G3 0440

AUBREY GOLDBERG  
GABRIEL A. MARTINEZ  
LISA M. ANDERSON  
THADDEUS J. YUREK III  
DILLON G. COIL



LAW FIRM  
INJURY ATTORNEYS

2770 S. MARYLAND PKWY STE. 100  
LAS VEGAS, NV 89109  
O: 702.384.1616 F: 702.384.2990

E. MATTHEW ZOBRIST  
JEREMY BEASLEY  
DAVID J. ROTHENBERG  
JOSHUA DAVIDSON  
JENNIFER PETERSON  
SHEENA FOSTER

September 4, 2019

## VIA FACSIMILE (859) 550-2731

Broadspire

Attn: Kirsten Bause, Claims Representative

P.O. Box 14645

Lexington, KY 40512

RE: Claimant : Sandra Palomares Topete  
DOB : 10/27/1979  
Loss Date : 11/24/18  
Employer : The M Resort  
Claim No: : 195075392-001  
Our File No. : 19-0915

Dear Ms. Bause :

As you may be aware, this firm represents Sandra Palomares Topete with respect to her industrial injury of November 24, 2018.

Please calculate Ms. Palmares Topete's AMW using both twelve (12) weeks and one (1) year's worth of wages pursuant to NAC 616C.435.

If a 12-week period of earnings is not representative of the average monthly wage of the injured employee, earnings over a period of 1 year or the full period of employment, if it is less than 1 year, may be used. Earnings over 1 year or the full period of employment, if it is less than 1 year, must be used if the average monthly wage would be increased.

Thank you for your courtesy and assistance in this matter. Please contact me if you should have any questions.

Very truly yours,

Physical Taken  
04-09-12

#03410

9/11/87

UNIVERSITY MEDICAL CENTER  
ENTERPRISE PHYSICALS  
1700 Wheeler Peak Dr.  
Las Vegas, NV 89106  
702-383-3660

Las Vegas Metropolitan Police Dept.  
400 S. Martin L. King Blvd #B  
Las Vegas, NV 89106

As a result of the recent physical examination of your employee, identified below and in compliance with the Nevada Revised Statutes, Chapter 617, we are notifying you of the following predisposing physical, laboratory, x-ray or testing abnormalities, which may lead to the employee contracting heart and/or lung disease. Additionally, we are enclosing methods by which the employee may correct these conditions in an effort to avoid any heart and/or lung complications in the future. LVMPD will not be responsible for any fees incurred from follow up with your family physician. These recommendations/actions must be provided to the employee. Effective October 1, 1991, NRS, Chapter 617 also provides that any physical examination must include a hearing test.

**PREDISPOSING CONDITIONS:** An X indicates a predisposing condition may have been identified.

<input type="checkbox"/> Abnormal pulmonary function tests	<input type="checkbox"/> Abnormal Chest X-ray	<input type="checkbox"/> Smoker
<input type="checkbox"/> Elevated Cholesterol	<input checked="" type="checkbox"/> Abnormal Hearing <i>B1-VAT</i>	<input type="checkbox"/> Overweight
<input type="checkbox"/> Elevated Triglycerides	<input type="checkbox"/> Abnormal Stress Test	
<input type="checkbox"/> History of Cardiovascular disease	<input type="checkbox"/> Positive TB Test (Hx of +)	
<input type="checkbox"/> Other Abnormal Labs		

**CORRECTIVE MEASURES TO BE TAKEN BY THE EMPLOYEE:**

☐ Follow-up Pulmonary Function Test    ☐ Repeat Chemistry Panel    ☐ Stop Smoking  
☐ Repeat Urinalysis    ☐ Repeat CBC    ☐ Lose Weight: No. Lbs \_\_\_\_\_  
☐ Follow-up abnormal tests with your Primary Physician  
☐ If patient does not have a Primary Care Physician, we can make an appointment at one of our Primary Care Clinics

**COMMENTS:**

1. The periodic Health Questionnaire shows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No significant responses.  
 2. The Physical Exam shows: Wt. 231 Ht. 5'11"    The employee is a non-smoker.  
 Blood Pressure is: 122 / 69  
 3. Pure tone Audiogram-Hearing test shows *AD* normal exam.  
 4. Spirometry shows a normal exam.  
 5. Treadmill Stress Test/EKG shows negative for ischemia.  
 6. Chest X-RAY shows a normal exam.  
 7. Laboratory Work is essentially within normal limits.  
 8. Current Mantoux TB Skin Test positive / negative (circle appropriate)

*LOW HDL 30*  
*P TRIGLYCERIDES 181*

ENC# 85838605    52    DOB 1/13/1960  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 MR# 000-184-232    ADM 4/23/2012

UNIVERSITY MEDICAL CENTER  
ENTERPRISE PHYSICALS  
1700 Wheeler Peak Dr.  
Las Vegas, NV. 89106  
702-383-3660

Page 2

## COMMENTS (cont'd)

The following tests were outside the range of laboratory normals. They appear to be not clinically significant or have low probability of being caused by a disease process- a second opinion by the employee's Primary Care Physician is always an option.

## CORRECTIVE ACTION:

Whenever an employee is notified of the need for corrective action based on the results of the physical examination, it is imperative that the employee take the recommended corrective action. Failure to obtain or make progress toward the recommended corrective action may constitute a predisposing condition that may make the employee ineligible for coverage for a worker's compensation claim related to that condition. Corrective action taken must be accomplished at the employee's expense and must be documented. Such documentation must be provided to the Personnel Department along with any continuing follow up related to the corrective action.

*hearing protection,  
low fat diet, ↑ cardio + 4gm/day omega-3*

In conclusion with all the information that has been provided to me, it appears that the employee is in good health and remains acceptable for employment.

Physician Signature

JOSE JOYA, MD

APR 23 2012

Date

Time

JOSE JOYA, MD

APR 23 2012

Physician Stamp

ENC# 85838605 52 DOB 1/13/1960  
HOLLAND, ROBERT  
ENTERPRISE PHYSICALS  
HR# 000-184-232 ADM 4/23/2012

ENC# 85703841 52 DOB 1/13/1960  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 MR# 000-184-232 ADM 4/09/2012

#03410

EMPLOYEE'S NAME:

READ AND FOLLOW ALL INSTRUCTIONS THOROUGHLY

1. **UPON RECEIPT OF YOUR PHYSICAL PACKET**, please call UMC to schedule your appointment at 383-3660 Monday, Wednesday or Friday from 7:30 a.m. - 5:30 p.m., Tuesday or Friday from 7:30 a.m. - 9:30 p.m. and on Saturday and Sunday call 383-2565 from 8:30 a.m. - 5:30 p.m. (excluding holidays)

YOUR EXAMINATION WILL BE COMPLETED AT THE FOLLOWING LOCATION:

UMC PHYSICAL'S DEPARTMENT  
 1760 WHEELER PEAK DR.  
 LAS VEGAS, NV 89106

UMC QUICK CARE  
 1700 WHEELER PEAK DR.  
 LAS VEGAS, NV 89106

Monday - Friday from 7:00 a.m. - 3:00 p.m., use the Physical's Department entrance (located in the same building as Quick Care but **on the west side**).

Monday - Friday after 3:00 p.m., use the Quick Care entrance.

(CALL 383-3660 IF YOU ARE GOING TO BE LATE, NEED TO CANCEL OR HAVE QUESTIONS)

2. Examinee **MUST FAST TWELVE (12) HOURS BEFORE BLOOD WORK**. No food or beverage (water is allowed). You may continue your prescribed medication. **PLEASE DO NOT EXERCISE 24 HOURS PRIOR TO YOUR PHYSICAL AND BLOOD WORK!!!**
3. Fasting blood work may be done prior to your appointment on a walk in basis Monday thru Friday from 7:00 a.m. - 5:00 p.m., but not more than 30 days of your actual physical.
4. Your appointment must be made for **ON-DUTY hours**. Overtime is not authorized. Supervisors are encouraged to adjust shifts in order to accommodate available hours.
5. Department procedure 5/101.20, may require negative sanctions and does require a memorandum from the appropriate Office/Bureau/Area Commander, for the following reasons:
- Failure to schedule or reschedule any portion of their annual physical exam during their birth month.
  - Missed or canceled appointment for any reason.
  - Failure to complete any portion of the physical exam.
6. Examinee **MUST COMPLETE** the attached questionnaire **BEFORE** reporting for the examination.
7. Persons with an appointment **SHOULD REPORT DIRECTLY TO UMC**, with tennis shoes, shorts or sweat pants for wear during the Cardiac (stress) test. Please mention if a bike stress test is medically necessary when making appointment.
8. **This cover sheet DOES NOT need to be returned to Health Detail upon the completion of examination.** A copy of the medical results will be given to the employee by physician during the second phase of the physical.
9. When you receive your original copy from UMC please retain for your records.

EXAMINATION DATE: \_\_\_\_\_

EXAMINATION DATE: APR 13 2012

EXAMINATION COMPLETED BY: \_\_\_\_\_

(PHYSICIAN'S SIGNATURE)

JOSE JOYA MD

## IMPORTANT INFORMATION REGARDING PHYSICAL EXAMINATIONS

Industrial insurance benefits are available to all qualified police officers and firemen who acquire lung and heart diseases. To qualify, certain minimum employment requirements must be met and firemen and police officers are required to submit to physical examinations.

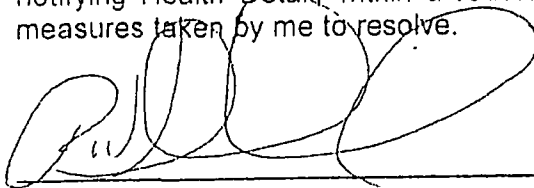
Nevada Revised Statutes, NRS 617.455 and 617.457, provide that, under certain circumstances, all lung and heart diseases for police officers and firemen, and lung diseases for volunteer firemen, are conclusively presumed to have arisen out of and in the course of employment.

The Nevada Administrative Code (NAC), Chapter 617, provides the administrative requirements for all police officers and firemen who are required to submit to physical examinations in order to receive industrial insurance benefits pursuant to NRS 617.455 and 617.457. These requirements detail the frequency of examinations, the minimum requirements for the exams, the duties of the employer, and the duties of the employee.

Failure to correct the condition(s) as described in the examination report, which you have received this date, may result in loss of benefits due you under Nevada Revised Statute 617, Occupational Diseases, if it is within your ability to correct it/them.

I, ROBERT HOLLAND, acknowledge receipt of my annual physical  
(EMPLOYEE'S NAME - PLEASE PRINT)

examination results on the attached pages. I have been advised of any predisposing conditions, suggested corrective measures, and comments made by the attending physician. I understand I am responsible for the corrective actions listed as well as notifying Health Detail, within a reasonable length of time, of any and all corrective measures taken by me to resolve.



EMPLOYEE'S SIGNATURE

3410

P#

4/23/12

DATE

App# No. 1048-774 Cha: No. 000-184-232 Slip/Enc No: 852-41  
 Dr. MCP MCCARRAN PHYS App# Date: 4/09/12 Acct Type: CA COM ACCT  
 Spec: MCP PCP: 0000 Time: 7:00 AM Sign Date: 4/09/12 AMDPETERSO  
 Patient: ROBERT HOLLAND #03410  
 Address: 400 S MARTIN L KING #B (PO) Sex: M DOB: 1/13/1960 Age: 52  
 LAS VEGAS, NV 89106 Home Phn: (000) 000-0000  
 Work Phn: (702) 656-1299 Cell: (702) 813-8412 Pt Employer: 00000  
 Reason: METRO PO Memo: TMT

Guarantor: HEALTH DETAIL Guar Phn: (000) 000-0000  
 Ins# Carrier Policy Start Stop Seq

PLEASE HAVE PERSONNEL INITIAL TIME ARRIVED AND TIME LEAVING; INDICATE ANY COMMENTS WHY TEST WAS NOT DONE, FOR WHATEVER REASON!

CONTACT PHONE \_\_\_\_\_

DATE PHYSICAL SCHEDULED:			DATE RESCHEDULED:		
DEPARTMENT	TIME ARRIVED	INITIAL	TIME LEAVING	INITIAL	COMMENTS
LAB DRAW (Must fast 12 hours prior to draw, you may drink water during this fasting period)	715	[Signature]	730	[Signature]	RAC No [Signature]
AUDIOLOGY	726	R	732	R	
PULMONARY					
(STRESS TEST/ RESTING EKG/ STAIRMASTER/ BICYCLE/	805	[Signature]	830	[Signature]	
CHEST X-RAY	735	[Signature]	JOSE JOYA, MD		
PHYSICAL EXAM	74	[Signature]	APR 23 2012 PPPO:ml RFA		
TB SKIN TEST	0737	[Signature]	LOT #182075 EXP 10-13		[Signature]
OFFICERS COMMENTS / SUGGESTIONS:					

#03410

**Firemen And  
Police Officer's  
Medical History  
Form**

To the Fireman or Police Officer: Please complete this form prior to your examination and present the completed form to the medical examiner. If the same examiner conducts both heart and lung examinations in any one year, only one History form need be completed.

Name (Last, First, Middle) <b>HOLLAND ROBERT</b>	Age <b>52</b>	Date of Birth <b>1/13/60</b>
Address <b>7409 SAND PEBBLE LN</b>	Organization/Employer <b>LUMAD</b>	
Personal Physician's Name <b>JIM CHRISTENSEN</b>	Occupation <b>PO</b>	

IF THE ANSWER TO ANY QUESTION ON THIS FORM IS "YES", PLEASE EXPLAIN IN THE SPACE PROVIDED FOR ON THE REVERSE SIDE.

1. Have you ever had any trouble with your heart or been told that you had trouble with your heart?
2. Have you ever been treated for high blood pressure or ever been told that your blood pressure was not normal?
3. In the past five years, have you been hospitalized overnight for any reason?
4. In the past twelve (12) months, have you seen a doctor for anything other than routine checkups?
5. Have you, or any of your immediate family (father, mother, sister, and/or brother) ever had any of the following?

YES	NO
	X
	X
X	
	X

Allergies (asthma, hayfever, bronchitis, skin rash, eczema)?

Eye trouble (other than corrective lenses)?

Blood pressure trouble?

High blood pressure?

Heart trouble?

Heart attack?

Diabetes?

Stroke?

Gout?

Indicate which has had the problem	YES	NO
		X
		X
		X
		X
		X
		X
		X
		X
		X

6. Do you smoke? If you answer yes, indicate how much per day.
7. Have you experienced any prolonged shortness of breath?
8. Do you have regular episodes of coughing?
9. Do you drink alcoholic beverages? If yes, indicate daily quantity.
10. How many cups of coffee do you usually drink per day?
11. Do you consider yourself overweight?

Number of packs, cigars, pipefuls, etc.

Indicate beverage and quantity

Quantity

YES	NO
	X
	X
	X
	X
	X
	X

THE ANSWERS TO THE QUESTIONS ASKED ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Signature

Date

**4/9/12**

#03410

**Firemen And  
Police Officer's  
Lung Examination  
Form**

Name (Last, First, Middle) <b>HOLLAND ROBERT</b>	Sex <b>M</b>	Date of Examination <b>4/9/12</b>
Address <b>7409 SAND PEBBLE LN.</b>	Age <b>52</b>	Date of Birth <b>1/13/60</b>
Personal Physician's Name <b>TIM CHRISTENSON</b>	Occupation <b>PO</b>	

**PHYSICAL**

HEIGHT

BLOOD PRESSURE

WEIGHT

OVERWEIGHT?

**CHEST X-RAY**

NORMAL

☒ABNORMAL  
(Specify)**STETHOSCOPIC EXAMINATION OF THE LUNGS**

NORMAL

☒ABNORMAL  
(Specify)**SPIROMETER TEST\* (OPTIONAL FOR VOLUNTEER FIREMAN)**

NORMAL

\*Spirometer testing is to be conducted in accordance with Social Security Regulations entitled "Rules for Determining Disability and Blindness", SSA Publication No. 64-014, I.C.N. 436850, June 1985

ABNORMAL  
(Specify)

It is recommended that you contact your personal physician for advice concerning correction of . . .

Examiner's Signature

Date

**JOSE JOYA, MD**  
**APR 23 2012**

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature

Date

**4/9/12**

#03410

Firemen And  
Police Officer's  
Extensive Heart  
Examination Form

Name (Last, First, Middle) <b>HOLLAND ROBERT</b>	Sex <b>M</b>	Date of Examination <b>4/9/12</b>
Address <b>7409 SAND PEBBLE LN 89129</b>	Age <b>52</b>	Date of Birth <b>1/13/60</b>
Personal Physician's Name <b>JIM CHRISTENSON</b>	Occupation <b>PO</b>	

## PHYSICAL

HEIGHT

**5'11"**

BLOOD PRESSURE

**122/69**

WEIGHT

**231**

OVERWEIGHT?

YES

☒ NO

## EKG

NORMAL

☒ABNORMAL  
(Specify)

## STRESS EKG\*

NORMAL

☒ABNORMAL  
(Specify)

\*If 40 years old or older or if abnormalities with resting EKG and no contraindications to performing test exist.

## STETHOSCOPIC EXAMINATION OF THE HEART

**NORMAL**ABNORMAL  
(Specify)

Triglycerides	Cholesterol	Urine Glucose
---------------	-------------	---------------

It is recommended that you contact your personal physician for advice concerning correction of . . .

Examiner's Signature <b>JOSE JOYA MD</b>	Date <b>APR 23 2012</b>
---	----------------------------

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature <b>[Signature]</b>	Date <b>4/9/12</b>
--	-----------------------

Form OCL-2 (rev. 7/99)

## LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## REPORT OF PHYSICAL EXAMINATION

REPORT TO #03410 DATE TIME

## CANDIDATE/EMPLOYEE WILL COMPLETE THIS PORTION

Name HOLLAND ROBERT Address (Number & Street) 7409 SAND PEBBLE LN (City) LV (State) NV (Zip) 89129Position DO Bureau/Unit TRAFFIC Medical Group ☐ A ☐ B ☐ C ☐ D ☐ E Date of Birth 1/13/60 Marital Status ☐ Single ☐ Married ☐ Divorced ☐ WidowedReason for Examination ☐ Original ☒ Annual ☐ Rehire ☐ Return to Work ☐ Extension Past Normal Retirement ☐ Other 3 # of ChildrenName of Physician JIM CHRISTENSEN Address (include zip code) 300 CATHEDRAL PEAK #200 Phone 307-7707

## MEDICAL CLINIC WILL COMPLETE THIS PORTION

Height 5'11" Weight 231 Vital Capacity % Temperature 97.7 Blood Pressure (sitting) (S) 122 (D) 69 Pulse (before exercise) 61 Pulse (after 2 min. rest after exercise)

Vision FAR without glasses: R 20/ L 20/ with glasses: R 20/ 15 L 20/ 15 NEAR without glasses: R 20/ L 20/ with glasses: R 20/ L 20/

Peripheral Vision 70 70 90 Color Perception OK OK OK OK normal

Normal Abnormal DESCRIBE EACH ABNORMALITY IN DETAIL

1	Build	Slender	Medium	Heavy	Obese
				<input checked="" type="checkbox"/>	
2	Head, Neck, Thyroid, Lymph Nodes				
3	Eyes: EOM Pupils				
4	Ears: Ear Drums				
5	Nose and Sinuses				
6	Mouth and Throat; Tonsils				
7	Teeth: Caries Gums				
8	Heart: RSR Murmur				
9	Chest and Lungs				
10	Breasts (women over 35)				
11	Abdomen				
12	Inguinal and Femoral Rings, Lymph Nodes				
13	Anus, Rectum and Prostate (men over 40)				
14	Genitalia (males only)				
15	Back	Max. Antero-Flexion	Dorsi-Flexion (On Tip-toes)	Max. Lateral Mobility	
	(see x-rays for medical group A and B)				
16	Extremities Flat Feet				
17	Leg Veins, Pedal Arteries (over age 45)				
18	Skin (identifying body marks, scars, tattoos)				
19	Neurologic (gait, motion, reflexes)				
20	Psychiatric (stuttering, nail biting, tremor, sweating, obvious personality disorder)				

## LABORATORY

(▼ If positive order microscopic)

Blood: Hemoglobin Hematology Urinalysis: Sugar Albumin S.P.G.R.

## MEDICAL SUMMARY

REMARKS and/or additional history by examining physician

## CHECK ONE

- ☒ This candidate is ACCEPTABLE for employment in this capacity.  
☐ This candidate REQUIRES further professional evaluation.  
☒ This candidate CANNOT wear a respirator (List any restrictions)

- ☐ This candidate is NOT ACCEPTABLE for employment in this capacity due to physical or mental restrictions which are a result of the following condition (explain):

Employee has had prior inoculation to Hepatitis B ☒ YES ☐ NOEmployee has had prior inoculation to Hepatitis B ☐ YES ☒ NO

CONDITION

APR 23 2012

RESTRICTION

Signature of Examining Physician

Date

#03410

Firemen And  
Police Officer's  
Hearing  
Examination Form

Name (Last, First, Middle) <b>HOLLAND ROBERT</b>	Sex <b>M</b>	Date of Examination <b>4/9/12</b>
Address <b>7409 SAND PEBBLE LN 89129</b>	Age <b>52</b>	Date of Birth <b>1/13/60</b>
Personal Physician's Name <b>JIM CHRISTENSON</b>	Occupation <b>PO</b>	

## Audiometric Results

Frequency in Hertz (Hz) Right Ear						
500	1000	2000	3000	4000	6000	8000

Frequency in Hertz (Hz) Left Ear						
500	1000	2000	3000	4000	6000	8000

Average of 2K, 3K,  
and 4K Results:

Average of 2K, 3K,  
and 4K Results:

## Otoscope Examination

## Remarks

Right	Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Normal Appearance

Excessive Wax or Debris

Abnormal Appearance

*Prosthetic loss*

## RECOMMENDATIONS

<input type="checkbox"/>	Medical Referral
<input type="checkbox"/>	Retest Recommended
<input type="checkbox"/>	Complete Audiogram

**JOSE JOYA, MD**

APR 23 2012

Audiometer		Serial Number	Calibration Date
Tester's Name	Title	Tester's Signature	Test Date and Time

Please sign one copy of this form and submit it to your employer or organization.

Employee's Signature <i>[Signature]</i>	Date <b>4/9/12</b>
--	-----------------------

## Subject Information:

Company: UNIVERSITY MEDICAL CENT Hire Date: **#03410**  
 SSN: 000-18-4232 Language: English  
 Name: HOLLAND, ROBERT Location: ENTERPRISE  
 Birth Date: 1/13/1960  
 Sex: M  
 Status: Active  
 In Program: Yes  
 Comment:

## Audiograms:

Date	Time	Baseline	Left Thresholds								Right Thresholds								ANSI S3.6-1989 2K, 3K, 4K Results	
			500	1K	2K	3K	4K	6K	8K	500	1K	2K	3K	4K	6K	8K	Left	Right		
2/1/2010	7:20:14	S	20	15	5	15	45	15	35	15	10	5	0	15	15	35	First Test	First Test		
1/24/2011	7:11:31	S	15	10	5	10	40	25	35	15	5	0	0	15	15	40	Better	No Change		
4/9/2012	6:17:10	S	15	15	5	15	(50)	30	(65)	10	5	5	5	15	25	(60)	Worse	Worse		

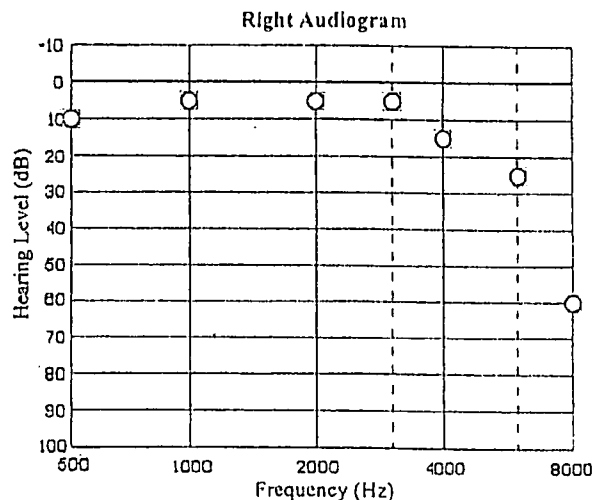
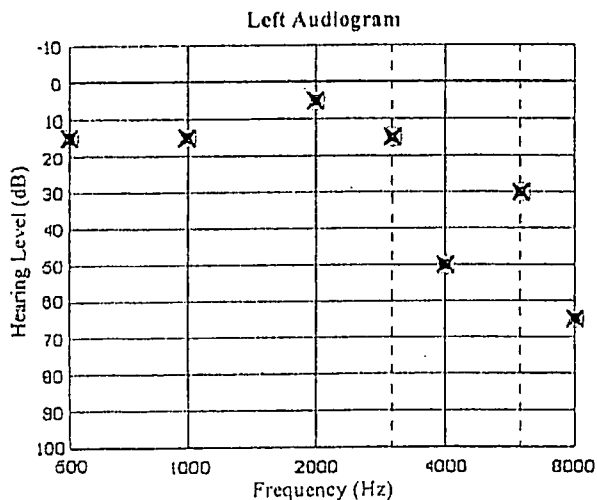
## Most Recent Test:

Examiner: PC Serial: 20369  
 Model: CCA-200 Cal Date: 9/28/2011  
 Hours Since Last Exposure: Lf Otoscope:  
 Exposure: YES Rt Otoscope:  
 Department: METRO Training:  
 Job: Refer Subject:  
 Shift: Self Eval:  
 Protector Type:  
 Protector Use:  
 Comment:

## Most Recent Analysis:

Standard Threshold Shift (with Age Correction):  
 Possible OSHA Recordable Shift: 29 CFR 1904.10 - 2002  
 Current OSHA STS Trend (2,3,4K Avg.):  
 Speech Frequency Average (.5,1,2,3K Avg.):  
 High Frequency Average (4,6,8K Avg.):

Left		Right
4.0	No	2.3 No
	No	No
23		8
12	Normal	6 Normal
48	Moderate	33 Mild



✕ Left ○ Right □ Baseline

*P. Culverson* 4/9/2012  
 Examiner Date

ENC# 85703841 52 DOB 1/13/1960  
 HOLLAND, ROBERT  
 ENTERPRISE PHYSICALS  
 MR# 000-184-232 ADM 4/09/2012  
 Subject Date

## Subject Summary

# Pulmonary Function Report

Screening Report

## Patient Information

Name: HOLLAND, ROBERT ID: 000 184 232 Birthdate: 1/13/1960  
 Height at test (in): 71.0 Sex: Male Smoking history (pk-yr): 0  
 Weight at test (lb): 231.0 Age at test: 52 Predicted set: Hankinson (NHANES III)

Comments: METRO

Diagnosis:

## Interpretation

MILD RESTRICTIVE VENTILATORY DEFECT. This is indicated by the finding of a mildly reduced forced vital capacity (FVC). The finding of a disproportionately reduced forced expiratory flow during the middle half of exhalation (FEF 25-75) suggests the possibility of a SUPERIMPOSED EARLY OBSTRUCTIVE PULMONARY IMPAIRMENT. This interpretation is valid only upon physician review and signature.

*UMC Staff*

Site:

Effort protocol: ATS 1994

Test date/time: 04/23/12 07:27:18 AM

Physician:

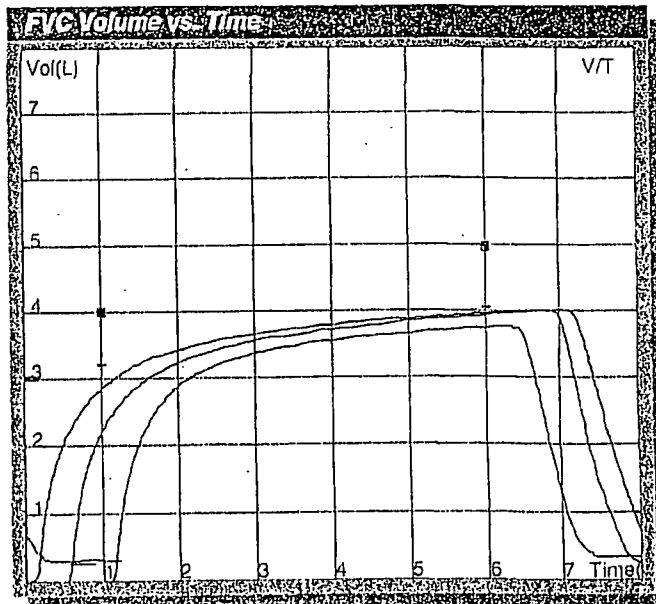
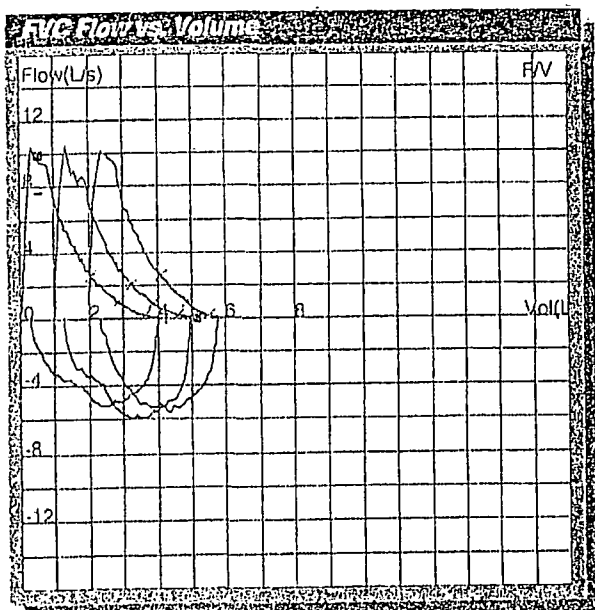
Number of efforts performed: 3

Technician: UMC STAFF

## Results

Result	Pred	Best	%Prd	Cons	%Prd	Inc	%Prd
FVC (L)	5.18	4.01	77%	4.00	77%	3.76	73%
FEV1 (L)	4.00	2.99	75%	2.95	74%	2.88	73%
FEV1/FVC	0.77	0.75	96%	0.74	95%	0.80	103%
FEF25-75% (L/s)	3.47	2.19	63%	2.12	61%	2.67	77%
PEFR (L/s)	9.95	10.43	105%	10.49	105%	10.23	103%
Vex1 %	---	2.24	---	1.64	---	2.01	---

Test comments:



#03410

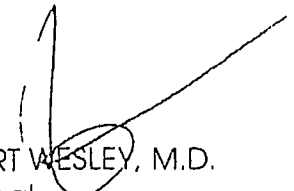
## UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

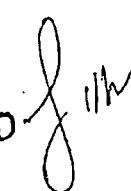
## METRO/CCFD TREADMILL STRESS TEST

The patient exercised for 8:46 minutes on standard Bruce protocol.  
Baseline heart rate 94 beats per minute and baseline blood pressure 120/72.  
With exercise, the heart rate went up to 144 beats per minute which is 86% target heart rate, 10.1 METs and blood pressure of 156/80.  
Baseline EKG shows sinus rhythm. No acute changes.  
Symptoms noted: None  
Reason for termination: Target heart rate.

## IMPRESSION:

1. EKG STRESS TEST IS NEGATIVE FOR ISCHEMIA
2. GOOD EXERCISE CAPACITY NOTED.
3. NORMAL BLOOD PRESSURE RESPONSE.

  
ROBERT WESLEY, M.D.  
RW/pal  
DT: 4-12-12

  
JOSE JOYA, MD  
APR 13 2012

=====

MR #: METRO  
NAME: HOLLAND, ROBERT  
ENCOUNTER #: 85703841  
DATE: 4-09-12  
DOB: 1-13-60  
PHYSICIAN:

METRO/CCFD TREADMILL STRESS TEST

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
DEPARTMENT OF RADIOLOGY1800 W. CHARLESTON BLVD. LAS VEGAS, NV. 89102  
(702) 383-2241

#03410

Name: HOLLAND, ROBERT

Sex: M

Age: 52Y

Date of Birth: 01/13/1960

Location: PHM -

Medical Record Number: 000-184-232

Ordering Physician: JOSE JOYA M.D.

Order Number: 90015

Order Date: 04/09/2012

\*\*\*Final Report\*\*\*

Exam Charge Date: Apr 9 2012 7:33AM

PROCEDURE: QCE 0169 - EC METRO CHEST 1 VIEW -- 6121733

CLINICAL HISTORY: Annual physical exam

TECHNIQUE: Chest, 1 view.

TECHNIQUE: \

COMPARISON STUDIES: \

## FINDINGS:

The lungs are clear. No pleural effusions. No pneumothorax. The heart size is normal. The pulmonary vascularity is normal. The mediastinal contour is normal. There is no hilar or mediastinal lymphadenopathy. The visualized thoracic spine and ribs are normal.

## IMPRESSION:

Normal chest, one view.

Enterprise Care Center

JOSE JOYA, MD

Reviewed by: APR 09 2012

Date of review

Interpreting Radiologist: PETER LEE, M.D.

Dictated at: Apr 9 2012 7:48A

Signed and Finalized by: PETER LEE, M.D. Apr 9 2012 7:45A

Patient: HOLLAND, ROBERT

DOB: 01/13/1960

Account Number: 008585703841 Seq#: 65918

Medical Record Number: 000-184-232

Order Number: 90015 EC METRO CHEST 1 VIEW

Exam Charge Date: Apr 9 2012 7:33AM

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## University Medical Center of Southern Nevada

## PHM

#03410

1700 Wheeler Peak Street, Las Vegas, NV 89106  
Dr. John Onyema, Laboratory DirectorPatient Name : HOLLAND, ROBERT  
Patient Acct No: 8585703841  
Med Record No: 184232Accession No: 12-100-01420  
Doctor: JOYA, JOSE FPrint Date: 4/9/2012  
DOB: 01/13/1960  
Sex: Male

## URINALYSIS - QUICK CARE

## CLINICAL URINALYSIS

Date 04/09/2012  
Day of Stay Mon  
Time 07:15:00

Procedure	Units	Reference Range
COLOR	YELLOW	
APPEARANCE	CLEAR	
SPEC GRAVITY	1.015	[1.010-1.020]
U LEUKO ESTERASE	NEGATIVE	[NEGATIVE]
U NITRITE	NEGATIVE	[NEGATIVE]
PH	6.0	[5.0-8.0]
U PROTEIN	NEGATIVE	[NEGATIVE]
U GLUC(Quick Care)	NORMAL	[NORMAL]
U KETONES	NEGATIVE	[NEGATIVE]
U ROBIL(Quick Care)	NORMAL	
U BILIRUBIN	NEGATIVE	[NEGATIVE]
U BLOOD	NEGATIVE	[NEGATIVE]

## Patient Name History

Patient's Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50 AM	Current

JOSE JOYA, MD  
APR 10 2012

Patient Name:	HOLLAND, ROBERT	Account No.	8585703841	Location:	PHM	Date:	4/9/2012
RESULT FLAGS:	L Low Result H High Result C Corrected Result P Panic Range • Abnormal Result f There's a footnote (comment) associated with this result						

CRID: 10930584

## University Medical Center of Southern Nevada

Department of Pathology  
1800 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Medical Director of Laboratories

#03410

Patient Name : HOLLAND, ROBERT  
Hospital No. : 8585703841  
Discharge Date: 04/09/2012

Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE F

Print Date: 4/10/2012  
DOB: 01/13/1960  
Sex: Male

## H E M A T O L O G Y

## COMPLETE BLOOD COUNT

Date 04/09/2012  
Day of Stay Mon  
Time 07:15:00

Procedure	Units	Reference Range
WBC	7.40	K/MM3 [4.30-12.00]
RBC	4.72	M/MM3 [4.50-6.00]
HGB	15.1	g/dL [13.0-17.0]
HCT	43.3	% [39.0-54.0]
MCV	91.9	fL [80.0-100.0]
MCH	32.0	pg [26.0-34.0]
MCHC	34.8	% [31.0-36.9]
PLATELET	306	K/MM3 [150-450]
MPV	8.1 L	fL [9.0-17.0]
RDW	13.6	% [11.0-16.0]
GRAN%	50.2	% [42.0-71.0]
MONO%	7.8	% [0.0-14.0]
LYMPH%	33.1	% [24.0-44.0]
EOS%	8.3 H	% [0.0-6.0]
BASO%	0.6	% [0.0-1.0]
NRBC%	0.0	% [0.0-0.1]
ABS GRAN	3.7	K/MM3 [1.8-7.7]
ABS MONO	0.6	K/MM3 [0.0-1.7]
ABS LYMPH	2.5	K/MM3 [1.0-4.8]
ABS EOS	0.6	K/MM3 [0.0-0.7]
ABS BASO	0.0	K/MM3 [0.0-0.3]

04/09/2012 07:15:00 SGCBC:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

## MISCELLANEOUS HEMATOLOGY

Date 04/09/2012  
Day of Stay Mon  
Time 07:15:00

JOSE JOYA, MD

APR 10 2012

Procedure	Units	Reference Range
SED RATE	3	MM/HR [0-15]

Patient: HOLLAND, ROBERT	Hosp. No.: 8585703841	Room: -	Print Date: 4/10/2012
<b>RESULT FLAGS:</b>			
L	Low Result	P	Panic Value
H	High Result	*	Abnormal Result
C	Corrected Result	f	There is a footnote (comment) associated with this result

## University Medical Center of Southern Nevada

## Department of Pathology

1800 West Charleston Blvd., Las Vegas, Nevada 89102

Laura L. Bilodeau, M.D., Medical Director of Laboratories

#03410

Patient Name : HOLLAND, ROBERT  
 Hospital No. : 8585703841  
 Discharge Date: 04/09/2012

Room: PHM: -  
 MRN: 184232  
 Doctor: JOYA, JOSE F

Print Date: 4/10/2012  
 DOB: 01/13/1960  
 Sex: Male

## U R I N A L Y S I S

## CLINICAL URINALYSIS

Date 04/09/2012  
 Day of Stay Mon  
 Time 07:15:00

Procedure	Units	Reference Range
COLOR	YELLOW	
APPEARANCE	CLEAR	
SPEC GRAVITY	1.015	[1.010-1.020]
U LEUKO ESTERASE	NEGATIVE	[NEGATIVE]
U NITRITE	NEGATIVE	[NEGATIVE]
PH	6.0	[5.0-8.0]
U PROTEIN	NEGATIVE	[NEGATIVE]
U GLUC(Quick Care)	NORMAL	[NORMAL]
U KETONES	NEGATIVE	[NEGATIVE]
UROBIL(Quick Care)	NORMAL	
U BILIRUBIN	NEGATIVE	[NEGATIVE]
U BLOOD	NEGATIVE	[NEGATIVE]

## C H E M I S T R Y

## GENERAL CHEMISTRY

Date 04/09/2012  
 Day of Stay Mon  
 Time 07:15:00

Procedure	Units	Reference Range
GGT	40	U/L [12-64]

04/09/2012 07:15:00 SGGGT:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

JOSE JOYA, MD

APR 10 2012

Patient:	HOLLAND, ROBERT	Hosp. No.:	8585703841	Room:	-	Print Date:	4/10/2012
RESULT FLAGS:	L	Low Result	P	Panic Value			
	H	High Result	*	Abnormal Result			
	C	Corrected Result	f	There is a footnote (comment) associated with this result			

# University Medical Center of Southern Nevada

Department of Pathology  
1800 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Medical Director of Laboratories

#03410

Patient Name : HOLLAND, ROBERT  
Hospital No. : 8585703841  
Discharge Date: 04/09/2012

Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE F

Print Date: 4/10/2012  
DOB: 01/13/1960  
Sex: Male

## C H E M I S T R Y

### COMPREHENSIVE METABOLIC PANEL

Date 04/09/2012  
Day of Stay Mon  
Time 07:15:00

Procedure		Units	Reference Range
SODIUM	140	MMOL/L	[136-145]
POTASSIUM	4.9	MMOL/L	[3.5-5.1]
CHLORIDE	106	MMOL/L	[98-110]
CO <sub>2</sub>	23	MMOL/L	[22-31]
Anion Gap	11	MMOL/L	[8-16]
GLUCOSE	91	MG/DL	[70-110]
BUN	21	MG/DL	[9-26]
CREATININE	1.0	MG/DL	[0.6-1.5]
CALCIUM	9.4	MG/DL	[8.4-10.2]
MAGNESIUM	2.3	MG/DL	[1.6-2.6]
PHOSPHORUS	3.5	MG/DL	[2.3-4.7]
CHOLESTEROL	186	MG/DL	[<=200]
URIC ACID	7.1	MG/DL	[3.5-8.0]
TOTAL PROTEIN	7.0	G/DL	[6.4-8.3]
ALBUMIN	4.1	G/DL	[3.5-5.0]
GLOBULIN	2.9	G/DL	[1.3-3.7]
A/G RATIO	1.4		[0.9-3.5]
AST (SGOT)	22	U/L	[5-34]
ALT (SGPT)	41	U/L	[0-55]
LDH	177	U/L	[125-243]
ALK PHOS	56	U/L	[40-150]
TOTAL BILI	0.4	MG/DL	[0.0-1.2]
Direct BILI	0.2	MG/DL	[0.0-0.5]

04/09/2012 07:15:00 CHOLESTEROL:  
Total Cholesterol Reference:

< 200 Desirable  
200 - 239 Borderline  
> 240 High

JOSE JOYA, MD

APR 10 2012

04/09/2012 07:15:00 SGCOMP:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

Patient: HOLLAND, ROBERT	Hosp. No.: 8585703841	Room: -	Print Date: 4/10/2012
RESULT FLAGS:			
L	Low Result	P	Panic Value
H	High Result	*	Abnormal Result
C	Corrected Result	f	There is a footnote (comment) associated with this result

CR ID : 10933802

Page 3 of 5

## University Medical Center of Southern Nevada

Department of Pathology  
1800 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Medical Director of Laboratories

#03410

Patient Name : HOLLAND, ROBERT  
Hospital No. : 8585703841  
Discharge Date: 04/09/2012

Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE F

Print Date: 4/10/2012  
DOB: 01/13/1960  
Sex: Male

## C H E M I S T R Y

## CARDIAC MONITORS

Date 04/09/2012  
Day of Stay Mon  
Time 07:15:00

Procedure	Units	Reference Range
CK	395 H	U/L [30-200]

04/09/2012 07:15:00 SGCK:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

## LIPID PANEL

Date 04/09/2012  
Day of Stay Mon  
Time 07:15:00

Procedure	Units	Ref Range
CHOLESTEROL i	186	MG/DL [≤200] 186
TRIGLYCERIDE	181 H	MG/DL [≤150] 157
HDL i	30 L	MG/DL [≥60] 37
calculated LDL i	120 H	MG/DL [≤100] 117

04/09/2012 07:15:00 HDL:

HDL Cholesterol Reference:

< 40 Low  
≥ 60 High

04/09/2012 07:15:00 calculated LDL:

LDL Cholesterol Reference:

< 100 Optimal  
100 - 129 Near Optimal/Above Optimal  
130 - 159 Borderline High  
160 - 189 High  
≥ 190 Very High

JOSE JOYA, MD

APR 10 2012

04/09/2012 07:15:00 SGLIPID:

Test performed at University Medical Center, 1800 W Charleston Blvd, Las Vegas, NV 89102

Patient: HOLLAND, ROBERT	Hosp. No.: 8585703841	Room: -	Print Date: 4/10/2012
RESULT FLAGS:			
L	Low Result	P	Panic Value
H	High Result	*	Abnormal Result
C	Corrected Result	f	There is a footnote (comment) associated with this result

CR ID: 10933802

## University Medical Center of Southern Nevada

Department of Pathology  
1300 West Charleston Blvd., Las Vegas, Nevada 89102  
Laura L. Bilodeau, M.D., Medical Director of Laboratories

03410

Patient Name : HOLLAND, ROBERT  
Hospital No. : 8585703841  
Discharge Date: 04/09/2012

Room: PHM: -  
MRN: 184232  
Doctor: JOYA, JOSE F

Print Date: 4/10/2012  
DOB: 01/13/1960  
Sex: Male

## I M M U N O C H E M I S T R Y

## HEPATITIS

Date 04/09/2012  
Day of Stay Mon  
Time 07:15:00

Procedure	Units	Reference Range
Hepatitis A Antibody, IGM		NON REACTIVE
Hepatitis B Core Antibody, IGM		NON REACTIVE
Hepatitis B Surface Antigen i		NON REACTIVE
Hepatitis C Antibody		NON REACTIVE
Hep C Antibody Units	.06	S/CO
Hep C Antibody Intep	See Below	

04/09/2012 07:15:00 Hep C Antibody Intep  
Hepatitis C Antibody Interpretation = NEGATIVE

04/09/2012 07:15:00 Hepatitis B Surface Antigen:  
HBSAG reactivity should be correlated with patient history and the presence of other hepatitis markers.

## N a m e H i s t o r y

Name	Begin Effective Date/Time	End Effective Date/Time
HOLLAND, ROBERT	02/07/2004 04:21:50	Current

JOSE JOYA, MD

APR 10 2012



Patient: HOLLAND, ROBERT	Hosp. No.: 8585703841	Room: -	Print Date: 4/10/2012
RESULT FLAGS:	L Low Result	P Panic Value	
	H High Result	* Abnormal Result	
	C Corrected Result	f There is a footnote (comment) associated with this result	

#03410

NEVADA

USA  
NV

DRIVER LICENSE

1 HOLLAND  
2 ROBERT  
8 7409 SAND PEBBLE LN  
LAS VEGAS, NV 89129-6034

15 Sex: M 16 Hgt: 5'11" 17 Wgt: 225 18 Eyes: BRO  
9 Class: CM 9a End: NONE 19 Hair: BLK 4a Iss: 10/10/2011  
12 Restr: NONE 13 IDB: 000016731460381230509

4d DL No: 2101243459  
3 DOB: 01/13/1960  
4b Exp: 01/13/2016

Robert Holland

San

INFECTIOUS DISEASE TESTING PROGRAM FOR ALL  
VOLUNTARILY AND INVOLUNTARILY TERMINATING  
COMMISSIONED OFFICERS

#03410

The following information is provided in the packet for all voluntarily and involuntarily terminating Commissioned Officers for infectious disease testing pursuant to NRS 616C.052.

Please check off each item as being received by the terminating employee.

1. ☒ Information/Discussion Letter
2. ☒ List of testing to be performed/Out-of-State Information
3. ☒ Nevada Revised Statute 616C.052
4. ☒ Example of Lab Form for UMC
5. ☒ Waiver: to be used if employee refuses to take part in blood testing.

  
Signature of Employee

12/17/12  
Date

\*\*\*The lab results need to be sent to Health Detail. A copy of the packet is given to the employee upon completion of all procedures and testing.

Any questions, please contact Health Detail at 702-828-3695.

R HOLLAND #3410  
7409 SAND PEBBLE LN.  
LV NV 89129

10/20/12  
10:00 P

SD: 12/29/12 169

**Patricia Lloyd-Scott**

From: Patricia Lloyd-Scott  
Sent: Friday, June 08, 2012 11:01 AM  
To: Robert Holland  
Subject: Annual Physical (predisposing risk factors)

#03410

Sent Via Confidential EmailRe: 4/9/2012 Annual Physical Examination

Robert Holland,

The Las Vegas Metropolitan Police Department has received the results of your annual physical examination, and in compliance with Nevada Administrative Code (NAC) 617, we are notifying you of the following predisposing conditions, which may lead to you developing heart and/or lung disease and impacting your ability to qualify for certain benefits under state law.

A copy of your annual physical should have been provided to you at the time of your examination with UMC Quick Care Enterprise. This letter will serve as confirmation of the predisposing conditions reviewed with you by the examining physician who has given you medical recommendations; and/or recommends that you contact your personal physician for advice and correction of the following:

## Predisposing Risk Factors Identified:

_____	Overweight	_____	Tobacco Use
_____	Elevated Blood Sugar	_____	Elevated Cholesterol
<u>181</u>	Elevated Triglycerides	_____	Elevated Blood Pressure

In order to meet requirements of NAC 617.080 and the NRS 617, the Department is required to inform you that failure to correct any predisposing risk factor(s), which leads to heart and/or lung disease when ordered to do so in writing by a treating physician, may result in excluding the employee from the benefits in this section if the correction is within the ability of the employee. **The Department will not be responsible for any fees incurred from follow-up with your physician.**

If you have any questions or concerns regarding your annual physical examination, please contact Health Detail at 828-3695.

Thank you.

Patricia Lloyd-Scott  
Health Detail Sr. LEST  
LVMPD Risk Management

\*\*\*\*\*

## LVMPD Security Notice

\*\*\*\*\*

03410

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**BEFORE THE APPEALS OFFICER**

1  
2 In the Matter of the Contested ) Appeals No. : 2004526-DM  
3 Industrial Insurance Claim of: )  
4 ROBERT HOLLAND ) Claim No. : 19D34F989694  
5 Claimant )  
6 )

**FILED****OCT 21 2019****CLAIMANT'S HEARING MEMORANDUM** **APPEALS OFFICE**

7  
8 COMES NOW, Claimant, ROBERT HOLLAND (hereinafter "Claimant"), by and  
9 through his attorney, LISA M. ANDERSON, ESQ., of the law firm of GREENMAN  
10 GOLDBERG RABY & MARTINEZ and submits the following memorandum in support of his  
11 position.  
12

**ISSUE**

13  
14 Whether the Hearing Officer's September 17, 2019 Decision and Order (2001960-DM)  
15 affirming the Insurer's July 23, 2019 determination denying liability for the May 26, 2019 claim  
16 for occupational heart disease was proper.  
17

**STATEMENT OF CASE**

18  
19 On or about May 26, 2019, Claimant, ROBERT HOLLAND, reported the onset of an  
20 occupationally related disease of the heart that was contracted while in the course and scope of  
21 his employment as a police officer with Las Vegas Metropolitan Police Department. Claimant  
22 had been employed with Las Vegas Metropolitan Police Department for approximately twenty-  
23 five (25) years (since September 11, 1987) before retiring (December 29, 2012) and  
24 subsequently filing this claim. Claimant timely reported the onset of the occupationally related  
25 disabling disease of the heart. Liability for the claim for occupationally related disabling heart  
26 disease was erroneously denied. Claim denial is the subject of this appeal.  
27  
28

DOC 014

## STATEMENT OF THE FACTS

Claimant timely notified the Employer of the occupationally related disabling disease of the heart and sought medical care from Summerlin Hospital Medical Center.

On May 29, 2019, Claimant was admitted to Summerlin Hospital Medical Center, where he remained hospitalized until being discharged on June 4, 2019. Dr. Dost Wattoo diagnosed **three (3) vessel coronary artery disease with stinting following two (2) heart attacks**. Dr. Wattoo completed a C-4 form and confirmed that Claimant's disabling heart disease condition was DIRECTLY RELATED to his employment. Dr. Wattoo reported that Claimant was **totally disabled from May 27, 2019 through June 17, 2019**. Dr. Wattoo confirmed that further medical treatment was medical necessary. SEE CLAIMANT'S PAGES 13-40.

On July 20, 2019, the Employer's unnamed medical director suggested that Claimant's May 26, 2019 claim for occupational heart disease was not compensable pursuant to NRS 617.440 or NRS 617.457. The medical director suggested that corrective action was given at the time of his annual physical examinations to "stop his testosterone therapy as it can contribute to heart disease." SEE CLAIMANT'S PAGE 41.

On July 23, 2019, the Insurer notified Claimant that liability was denied for the May 26, 2019 claim for occupational heart disease. The Insurer advised Claimant that he did not meet the requirements for a claim for heart disease, occupational disease or industrial injury. The Insurer also advised that it was not established that Claimant's condition arose out of the course and scope of his employment. SEE CLAIMANT'S PAGES 42-45. Claimant appealed that determination to the Hearing Officer.

On September 17, 2019, the Hearing Officer (2001960-JK) affirmed the Insurer's July 23, 2019 determination denying liability for the May 26, 2019 claim for occupational heart

1 disease. The Hearing Officer concluded that Claimant failed to correct predisposing conditions.

2 SEE CLAIMANT'S PAGES 46-47. Claimant appeals that decision to the Appeals Officer.

### 3 ARGUMENT

4 Under the Nevada Occupational Diseases Act, NRS 617.200 requires employers to  
5 provide compensation for all occupational diseases contracted by an employee arising out of an  
6 in the course of employment.

7 This claim falls under NRS 617.457, which, as amended by the legislature and signed  
8 into law by the Governor on June 8, 2015, provides the following:

9 NRS 617.457 states in part:

10 1. Notwithstanding any other provision of this chapter,  
11 **diseases of the heart of a person who, for 2 years or more, has**  
12 **been employed in a full-time continuous, uninterrupted and**  
13 **salaried occupation as a firefighter, arson investigator or**  
14 **police officer in this State before the date of disablement are**  
15 **conclusively presumed to have arisen out of and in the course**  
16 **of the employment, if the disease is diagnosed and causes the**  
17 **disablement:**

- 18 (a) **During the course of that employment;**
- 19 (b) If the person ceases employment before completing 20 years of  
20 service as a police officer, firefighter or arson investigator, during  
21 the period after separation from employment which is equal to the  
22 number of years worked; or
- 23 (c) If the person ceases employment after completing 20 years or  
24 more of service as a police officer, firefighter or arson investigator,  
25 at any time during the person's life.

26 Our Supreme Court further clarified this provision in Manwill v. Clark County, 162 P.3d  
27 876, 123 Nev. 28 (2007). Specifically, the court held that:

28 Under its plain language, **this provision requires a firefighter**  
**seeking occupational disease benefits to show only two things:**  
**heart disease and [the required] years' qualifying employment**  
**before disablement.** [O]nce the firefighter shows that he has  
heart disease and [the required] years' qualifying employment  
before the date of disablement, his heart disease, whatever the

cause [] is covered, despite any preexisting symptom or condition. Consequently, the conclusive presumption under NRS 617.457(1) applies even when a claimant's "occupation as a firefighter is not a contributing factor to the progression of [the disease]"; that is, any heart disease of a firefighter is deemed occupational, whenever contracted, so long as the firefighter qualifies for benefits under the terms of this statute.

Manwill makes clear that Claimant is only required to establish **two (2) elements** to prove his disease of the heart is compensable: (1) that the disease is, in fact, "heart disease," and (2) that Claimant has two (2) years of qualifying employment before disablement.

**(1) Claimant's diagnosed heart condition is "heart disease."**

As the medical evidence makes clear, Claimant has been diagnosed with a disabling disease of the heart that included **three (3) vessel coronary artery disease with stinting following two (2) heart attacks**. Dr. Wattoo has opined that this heart condition WAS defined as a disabling disease of the heart. A summary of the relevant medical reporting is as follows:

- On May 29, 2019, Claimant was admitted to Summerlin Hospital Medical Center, where he remained hospitalized until being discharged on June 4, 2019. Dr. Dost Wattoo diagnosed **three (3) vessel coronary artery disease with stinting following two (2) heart attacks**. Dr. Wattoo completed a C-4 form and confirmed that Claimant's disabling heart disease condition was DIRECTLY RELATED to his employment. Dr. Wattoo reported that Claimant was **totally disabled from May 27, 2019 through June 17, 2019**. Dr. Wattoo confirmed that further medical treatment was medical necessary.

Based on the medical evidence provided, Claimant's cardiac condition was properly classified as a disabling "heart disease" and, therefore, satisfies the first element in Manwill.

**(2) Claimant had (more than) two years of qualifying employment.**

As noted above, Claimant has maintained full-time continuous and uninterrupted employment as a police officer with the Las Vegas Metropolitan Police Department from 1987 to 2012.

1           Consequently, he has worked in a qualifying police officer position for  
2 SIGNIFICANTLY MORE THAN statutorily required two (2) years before the date of his  
3 occupational disease claim, thereby satisfying the second element in Manwill.

4           In accordance with Manwill, ANY heart condition denominated as a disease of the heart  
5 qualifies for coverage under NRS 617.457 so long as the claimant meets the length of  
6 employment requirement. In this case, Claimant has been diagnosed with a condition that was  
7 clearly defined as a disabling disease of the heart. Moreover, Claimant was employed for  
8 approximately twenty-five (25) years at the time he filed a claim for the occupationally related  
9 disabling disease of the heart, which satisfies the two (2) year length of employment standard.  
10  
11 Therefore, based upon Dr. Wattoo's reporting, Claimant's heart condition clearly qualifies as a  
12 disabling disease of the heart and must be accepted under NRS 617.457.

13  
14           The medical opinion from the Employer's medical advisor based its recommendation for  
15 claim denial on the fact that Claimant undergoes testosterone therapy. The medical advisor  
16 claimed that testosterone therapy might contribute to heart disease. The medical advisor also  
17 claimed that Claimant was advised in his annual physicals to discontinue testosterone therapy.  
18 However, the annual physicals from 2008 through his 2012 retirement DO NOT contain any  
19 mention or instructions to discontinue testosterone therapy. Testosterone therapy was never  
20 identified as a predisposing condition or a corrective measure to be taken by the employee. SEE  
21 CLAIMANT'S PAGES 48-171.

22  
23           The Nevada Supreme Court in Manwill held a claimant has **no** burden to disprove the  
24 failure to correct predisposing conditions did not lead to a claimant's heart disease under NRS  
25 617.457(11), or that no predisposing conditions exist, to receive the benefits under NRS 617.457.  
26  
27 *See*, 123 Nev. 238, 242-44 (2007). The predisposing conditions section under NRS 617.457 has  
28

1 existed since 1973. NRS 617.457(11); *see*, 1973 Nev. Stat. ch. 504, § 1, at 769. In 1989, the  
2 Nevada legislature set the current conclusive presumption found in NRS 617.457(1). 1989 Nev.  
3 Stat. ch. 480, § 2, at 1021. Since that time, the Nevada legislature has only expanded the ability  
4 for claims under NRS 617.457 to be accepted. *Compare* NRS 617.457(1989) *with* NRS  
5 617.457(2017); *see also*, Manwill, 123 Nev. 238; Gallagher v. City of Las Vegas, 114 Nev. 595,  
6 601, 959 P.2d 519, 522 (1998).

7  
8 The Manwill Court knew the existence of, and failure to correct, predisposing conditions  
9 would exclude a claimant from benefits under NRS 617.457. Manwill, 123 Nev. 238, 242-43.  
10 However, the Court found a claimant has absolutely no burden to show they do not have any  
11 predisposition conditions and/or had the ability to correct them but failed to do so. *See, Id.* at  
12 244. If such a burden and requirement existed, then the Nevada Supreme Court would have  
13 listed it as such, but instead merely requires a claimant to “show only two things: heart disease  
14 and five years' qualifying employment before disablement.” *Id.* at 242-44. The claimant in  
15 *Manwill* did not have to show the correction of a predisposing condition within their ability to  
16 correct nor did he have to show no predisposing conditions existed. *Id.*

17  
18  
19 As such, it is the opposing party's burden to meet the requirements under NRS  
20 617.457(11) to exclude a claimant from receiving the benefits under NRS 617.457, which states:

21  
22 Failure to correct predisposing conditions which lead to heart  
23 disease when so ordered in writing by the examining physician  
24 subsequent to a physical examination required pursuant to  
25 subsection 4 or 5 excludes the employee from the benefits of this  
26 section if the correction is within the ability of the employee.

27  
28 The plain and ordinary language of the statute shows the opposing party is required to  
prove five elements: 1) the claimant has a predisposing condition(s); 2) the predisposing  
condition(s) actually lead to the heart disease in question; 3) the claimant was ordered, in writing,

1 by the examining physician to correct the predisposing condition(s); 4) the written order was  
2 given subsequent to a physical examination required pursuant to subsection 4 or 5; and 5) the  
3 ordered correction is within the ability of the employee to perform. NRS 617.457(11).  
4

5 Here, Claimant's annual physicals from 2008 through his 2012 retirement revealed  
6 periodic elevated cholesterol and triglycerides. The 2008 annual physical showed that Claimant  
7 had elevated triglycerides at 175. The 2009 annual physical showed that Claimant had elevated  
8 cholesterol at 223 and elevated triglycerides at 177. Claimant's 2010 annual physical confirmed  
9 normal cholesterol and triglycerides levels, which establishes appropriate corrective measures  
10 were taken. The 2011 annual physical revealed slightly elevated cholesterol (HDL) at 37 and  
11 triglycerides at 159. Claimant's 2012 annual physical confirmed normal cholesterol and  
12 triglycerides levels, which establishes appropriate corrective measures were taken. **SEE**  
13 **CLAIMANT'S PAGES 48-171.** Based upon the annual physicals, Claimant took appropriate  
14 measures, whenever instructed to do so, to correct any predisposing conditions that required  
15 corrective action that caused his occupationally related heart diseases.  
16  
17

### 18 **CONCLUSION**

19 Accordingly, Claimant, ROBERT HOLLAND, respectfully requests that the Appeals  
20 Officer REVERSE the June 23, 2019 claim denial and ORDER the Insurer to accept liability for  
21 the May 26, 2019 claim for occupational heart disease and provide all appropriate workers'  
22 compensation benefits.  
23

### 24 **WITNESSES**

25 Claimant may be called to testify at the time of the hearing. Claimant reserves the right  
26 to cross-examine any witness called by the insurer or employer and to offer rebuttal testimony  
27 as may be necessary.  
28

1 DATED this 21<sup>st</sup> day of October, 2019.

2 GREENMAN GOLDBERG RABY & MARTINEZ

3  
4 By 

5 LISA M. ANDERSON, ESQ.


6 Nevada Bar No. 004907

7 2770 South Maryland Parkway

8 Suite 100

9 Las Vegas, Nevada 89109

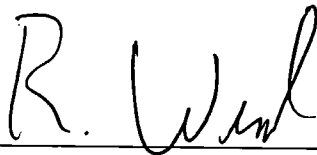
10 Attorneys for Claimant

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Greenman Goldberg Raby Martinez  
ACCIDENT INJURY ATTORNEYS


CERTIFICATE OF SERVICE

I do hereby certify that on the 21<sup>st</sup> day of October, 2019, I caused a true and correct copy of the foregoing **CLAIMANT'S HEARING MEMORANDUM** to be duly mailed, postage prepaid, hand delivered **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, Appeals Office, 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada 89102, to the following:

Daniel L. Schwartz, Esq.  
LEWIS BRISBOIS BISGAARD & SMITH  
2300 West Sahara Avenue  
Suite 300, Box 28  
Las Vegas, Nevada 89102



An employee of GREENMAN GOLDBERG RABY & MARTINEZ

Greenman Goldberg Raby Martinez /   
ACCIDENT INJURY ATTORNEYS

BEFORE THE APPEALS OFFICER

In the Matter of the Contested  
Industrial Insurance Claim of:

ROBERT HOLLAND,

Claimant.

Claim No: 19D34F989694

Appeal No: 2004526-DM

NOTICE OF APPEAL AND ORDER TO APPEAR

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

**DATE:** NOVEMBER 4, 2019

**TIME:** 10:00AM STACKED

**PLACE:** DEPT OF ADMINISTRATION, HEARINGS DIVISION  
2200 SOUTH RANCHO DRIVE, SUITE 220  
LAS VEGAS NV 89102

2. The **INSURER** shall comply with NAC 616C.300 for the provision of documents in the Claimant's file relating to the matter on appeal.
3. **ALL PARTIES** shall comply with NAC 616C.297 for the filing and serving of information to be considered on appeal.
4. Pursuant to NRS 239B.030(4), any document/s filed with this agency must have all social security numbers redacted or otherwise removed and an affirmation to this effect must be attached. The documents otherwise may be rejected by the Hearings Division.
5. Pursuant to NRS 616C.282, any party failing to comply with NAC 616C.274-.336 shall be subject to the Appeals Officer's orders as are necessary to direct the course of the Hearing.
6. In the event that all parties to this action agree to have the matter RE-SCHEDULED AND SET FOR A DATE AND TIME CERTAIN, you are hereby required to submit AT LEAST TWO (2) DAYS prior to the scheduled Hearing date a written request, submitted by letter, facsimile or by email, to the Appeals Office advising the Appeals Office that all parties to the action have agreed to remove the action from the Stacked Calendar. A continuance of the hearing date also may be obtained pursuant to NAC 616C.318. The matter will otherwise proceed as scheduled on the STACKED CALENDAR ON A TIME AVAILABLE BASIS.
7. The injured employee may be represented by a private attorney or seek assistance and advice from the Nevada Attorney for Injured Workers.

**IT IS SO ORDERED** this 1st day of October, 2019.



DENISE S MCKAY, ESQ.  
APPEALS OFFICER

DOLOIS

**CERTIFICATE OF MAILING**

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **NOTICE OF APPEAL AND ORDER TO APPEAR** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

ROBERT HOLLAND  
7409 SANDPEBBLE LN  
LAS VEGAS NV 89129

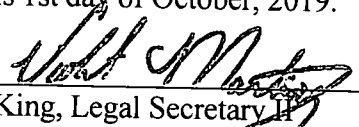
LISA M ANDERSON ESQ  
GREENMAN GOLDBERG RABY & MARTINEZ  
2770 S MARYLAND PKWY STE 100  
LAS VEGAS NV 89109

LVMPD - HEALTH DETAIL  
ABIGAIL BUCKLER - HEALTH MGR  
400 S MARTIN L KING BLVD STE B  
LAS VEGAS NV 89106

DANIEL SCHWARTZ ESQ  
LEWIS BRISBOIS BISGAARD & SMITH LLP  
2300 W SAHARA AVE STE 300 BOX 28  
LAS VEGAS NV 89102-4375

CCMSI  
ATTN JULIE VACCA  
P O BOX 35350  
LAS VEGAS NV 89133-5350

Dated this 1st day of October, 2019.

  
\_\_\_\_\_  
Jennifer King, Legal Secretary II  
Employee of the State of Nevada

Nevada Department of Administration Hearings Division  
2200 South Rancho Drive, Suite 220  
Las Vegas, NV 89102  
(702) 486-2525

FILED  
SEP 20 2019  
APPEALS OFFICE

# REQUEST FOR HEARING BEFORE APPEALS OFFICER

## CLAIMANT INFORMATION

Claimant: Robert Holland
Address: 7409 Sand Pebble Ln.
Las Vegas, NV 89129
Telephone:
Hearing No: 2001960-JK

## EMPLOYER INFORMATION

Claim Number: 19D34F989694
Employer: LVMPD
Address: 400 Martin Luther King Blvd Bldg C
Las Vegas, NV 89106

PERSON REQUESTING APPEAL: (circle one) CLAIMANT EMPLOYER INSURER

I WISH TO APPEAL THE HEARING DECISION DATED: September 17, 2019

**YOU MUST ATTACH A COPY OF THE HEARING OFFICER DECISION**

BRIEFLY EXPLAIN REASON FOR APPEAL: Claimant disagrees with the Decision and Order dated September 17, 2019 which Affirmed the Insurer's determination regarding Claim Denial.

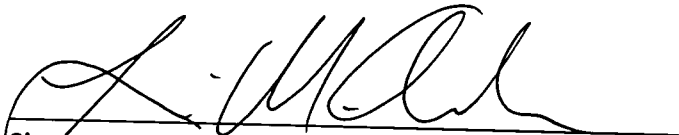
If you are represented by an attorney or other agent, please print the name and address below.

## ATTORNEY/REPRESENTATIVE:

Name: Lisa Anderson, Esq.
Address: 2770 S. Maryland Pkwy Ste. 100
Las Vegas, NV 89109
Telephone: (702) 384-1616

## INSURANCE COMPANY:

Name: CCMSI
Address: P.O. Box 35350
Las Vegas, NV 89133
Telephone:

  
Signature

September 19, 2019  
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.

SCHEDULED ON  
SEP 27 2019  
APPEALS DIVISION

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

In the matter of the Contested  
Industrial Insurance Claim of:

Hearing Number: 2001960-JK  
Claim Number: 19D34F989694

ROBERT HOLLAND  
7409 SANDPEBBLE LN  
LAS VEGAS, NV 89129

ABIGAIL BUCKLER - HEALTH MGR  
LVMPD - HEALTH DETAIL  
400 S MARTIN L KING BLVD STE B  
LAS VEGAS, NV 89106

\_\_\_\_\_/

The Claimant's request for hearing was filed on August 7, 2019 and a hearing was scheduled for and held on September 12, 2019, in accordance with Chapters 616 and 617 of the Nevada Revised Statutes.

The Claimant was not present. The Claimant was represented by Lisa M. Anderson, Esq., of Greenman, Goldberg, Raby & Martinez. The Employer was not present. The Employer was represented by Daniel L. Schwartz, Esq., of Lewis, Brisbois, Bisgaard & Smith, LLP. The Administrator was neither present or represented by legal counsel.

**ISSUE**

The Claimant appealed the determination of CCMSI dated July 23, 2019.

The issue before the Hearing Officer is CLAIM DENIAL.

**DECISION AND ORDER**

Claimant appeals the July 23, 2019 determination of the Insurer denying the heart claim for not meeting the statutory requirements of a heart disease claim and for failure to correct predisposing conditions. The evidence presented at the hearing reveals that Claimant has a history of being told of the need to deal with predisposing factors/conditions on a continuous basis. After Claimant's retirement he was diagnosed with high blood pressure in 2015 and is/was taking medication for the

///  
///  
///

**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:

ROBERT HOLLAND  
7409 SANDPEBBLE LN  
LAS VEGAS NV 89129

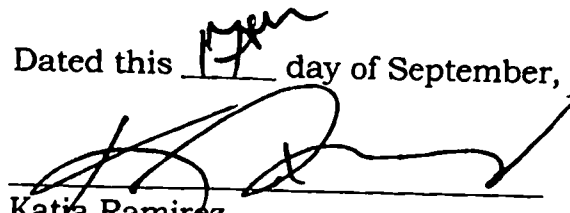
LISA M ANDERSON ESQ  
GREENMAN GOLDBERG RABY & MARTINEZ  
2770 S MARYLAND PKWY STE 100  
LAS VEGAS NV 89109

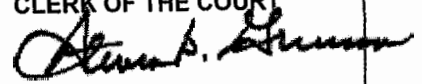
ABIGAIL BUCKLER - HEALTH MGR  
LVMPD - HEALTH DETAIL  
400 S MARTIN L KING BLVD STE B  
LAS VEGAS NV 89106

DANIEL SCHWARTZ ESQ  
LEWIS BRISBOIS BISGAARD & SMITH LLP  
2300 W SAHARA AVE STE 300 BOX 28  
LAS VEGAS NV 89102-4375

CCMSI  
ATTN JULIE VACCA  
P O BOX 35350  
LAS VEGAS NV 89133-5350

Dated this 17<sup>th</sup> day of September, 2019.

  
\_\_\_\_\_  
Katia Ramirez  
Employee of the State of Nevada



CASE NO: A-20-818754-J  
Department 14

PTJR  
LISA M. ANDERSON, ESQ.  
Nevada Bar No. 4907  
**GREENMAN GOLDBERG RABY & MARTINEZ**  
2270 South Maryland Parkway  
Suite 100  
Las Vegas, NV 89109  
Phone: 702.384.1616 ~ Fax: 702.384.2990  
Email: landerson@ggrmlawfirm.com  
*Attorneys for Petitioner*

**DISTRICT COURT**  
**CLARK COUNTY, NEVADA**

ROBERT HOLLAND,

Petitioner,

vs.

CASE NO.:  
DEPT. NO.:

LAS VEGAS METROPOLITAN POLICE  
DEPARTMENT, CCMSI, and THE  
DEPARTMENT OF ADMINISTRATION,  
HEARINGS DIVISION,

Respondents.

**PETITION FOR JUDICIAL REVIEW**  
**ARBITRATION EXEMPTION CLAIMED**  
**REVIEW OF ADMINISTRATIVE DECISION**

Date: N/A  
Time: N/A

COMES NOW, Petitioner, BENJAMIN SOMERLOTT, by and through his attorney,  
LISA M. ANDERSON, ESQ, of the law firm of GREENMAN GOLDBERG RABY &  
MARTINEZ and prays for this Court to judicially review the decision of the Appeals Officer,  
dated July 27, 2020 attached hereto as Exhibit "1" and made a part hereof. This Petition for  
Judicial Review is made pursuant to the provisions of NRS 233B.130.



LAW FIRM  
INJURY ATTORNEYS

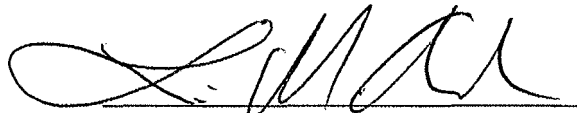
1 Petitioner claims his substantial rights have been prejudiced because the administration  
2 findings, inferences, conclusions or decisions are:

- 3 (a) In violation of constitutional or statutory provisions;  
4 (b) In excess of the statutory authority of the agency;  
5 (c) Made upon unlawful procedure;  
6 (d) Affected by other error of law;  
7 (e) Clearly erroneous in view of the reliable, probative and substantial evidence on the  
8 whole record; or  
9  
10 (f) Arbitrary or capricious or characterized by abuse of discretion.

11 WHEREFORE, Petitioner prays that this Court allow briefs to be filed, oral argument be  
12 heard, and following a review of the record, that this Court enters its Order reversing the above  
13 decision of the Appeals Officer.  
14

15 DATED this 27<sup>th</sup> day of July, 2020.  
16

17 GREENMAN GOLDBERG RABY & MARTINEZ

18  
19 

20 LISA M. ANDERSON, ESQ.  
21 Nevada Bar No. 4907  
22 2770 South Maryland Parkway  
23 Suite 100  
24 Las Vegas, NV 89109  
25 Attorneys for Petitioner  
26  
27  
28

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on the 29<sup>th</sup> day of July, 2020, I served the foregoing by placing a copy of the PETITION FOR JUDICIAL REVIEW which a true copy thereof was placed in the United States Mail, postage prepaid, addressed to:

ROBERT HOLLAND  
7409 Sand Pebble Lane  
Las Vegas, Nevada 89129

Daniel L. Schwartz, Esq.  
LEWIS BRISNOIS BISGAARD & SMITH  
2300 West Sahara Avenue, #300, Box 28  
Las Vegas, Nevada 89102

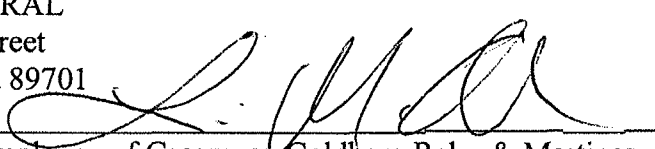
Health Detail  
LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
400 South Martin Luther King Boulevard, #B  
Las Vegas, Nevada 89106

CCMSI  
P.O. Box 35350  
Las Vegas, Nevada 89133

Gregory A. Krohn, Esq.  
Appeals Officer  
DEPARTMENT OF ADMINISTRATION  
HEARINGS DIVISION  
2200 South Rancho Drive, #220  
Las Vegas, Nevada 89102

Deonne Contine, Director  
STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
515 East Musser Street  
Carson City, Nevada 89701

Aaron D. Ford, Esq.  
STATE OF NEVADA  
ATTORNEY GENERAL  
100 North Carson Street  
Carson City, Nevada 89701

  
An Employee of Greenman Goldberg Raby & Martinez



LAW FIRM  
INJURY ATTORNEYS

NEVADA DEPARTMENT OF ADMINISTRATION

FILED

JUL 27 2020

BEFORE THE APPEALS OFFICER

APPEALS OFFICE

In the Matter of the Contested  
Industrial Insurance Claim

Claim No.: 19D34F989694

Hearing No.: 2001960-JK

Appeal No.: 2004526-DM

ROBERT HOLLAND  
7409 SANDPEBBLE LN.  
LAS VEGAS, NV 89129,

Employer:  
LVMPD-HEALTH DETAIL  
400 S. MARTIN L. KING BLVD., STE. B  
LAS VEGAS, NV 89106

Claimant.

DECISION AND ORDER

The above-captioned appeals came on for hearing before Appeals Officer DENISE S. MCKAY, ESQ. The claimant, ROBERT HOLLAND, (hereinafter referred to as "claimant"), was represented by her counsel, LISA M. ANDERSON, ESQ., of GREENMAN GOLDBERG RABY & MARTINEZ. The Employer, LAS VEGAS METROPOLITAN POLICE DEPARTMENT, (hereinafter referred to as the "Employer"), was represented by DANIEL L. SCHWARTZ, ESQ., of LEWIS BRISBOIS BISGAARD & SMITH LLP.

On July 23, 2019, the Administrator issued a determination denying the claim. Claimant appealed and in a Decision and Order dated September 17, 2019, the Hearing Officer affirmed claim denial. Claimant appealed to this Court, generating Appeal No. 2004526-DM.

After carefully considering the written evidence and arguments of counsel, the Appeals Officer finds and decides as follows:

FINDINGS OF FACT

1. The claimant, ROBERT HOLLAND, (hereinafter referred to as "claimant"), a retired police officer who was working corporate security at the time of this claim, alleges that on May 26, 2019, "while washing my vehicle I began to experience chest pain that radiated into my left arm. On Monday, 5/27/2019, I experienced the same symptoms occurred [sic] as I was leaving the gym." Dr. Wattoo completed two separate C-4 forms both indicating that the claimant had two heart attacks. One C-4 form added CAD, COPD, and emphysema to the listed diagnoses. Both noted three vessel

1 coronary artery disease with stenting. The claimant was taken off of work from May 27, 2019 to June  
2 17, 2019. (Exhibit A pp. 1-2)

3 2. The Employer's Report of Industrial Injury or Occupational Disease notes reporting of  
4 the claim on May 28, 2019, and it was also noted that the claimant had retired from the Employer.  
5 (Exhibit A p. 3)

6 3. During his tenure with the Employer, the claimant was informed of elevated  
7 triglycerides and was informed of the need to have a low fat diet.

8 4. On February 12, 2008, claimant's annual examining physician assessed elevated  
9 triglycerides and was ordered to adopt a low fat diet. (Exhibit A pp. 4-10)

10 5. On March 9, 2009, the claimant was informed of the need to correct elevated  
11 triglyceride and cholesterol levels. (Exhibit A pp. 11-18)

12 6. On February 22, 2010, the claimant was informed of abnormal lab results which  
13 included low HDL findings. (Exhibit A pp. 19-25)

14 7. On January 24, 2011, the claimant was informed of the need to correct elevated  
15 triglycerides, which were at 159, and the claimant was again advised to have a low fat diet. (Exhibit  
16 A pp. 26-34)

17 8. On April 9, 2012, the claimant was again informed of the need to correct elevated  
18 triglycerides, which had risen to 181 since the last examination, and was advised to have a low fat diet  
19 and increased "cardio + 4 gm/day omega 2." (Exhibit A pp. 35-44)

20 9. Claimant retired on December 29, 2012.

21 10. The claimant was hospitalized at he Summerlin Hospital Medical Center from May 29,  
22 2019, through June 4, 2019. Dr. Chaudry performed cardiac catheterization procedures on June 3,  
23 2019, which included stent and diagonal placement. It was noted that claimant had a history of  
24 asthma, hypothyroidism, and hypertension. (Exhibit A pp. 45-71)

25 11. On June 13, 2019, the adjuster sent a letter of introduction which asked the claimant to  
26 execute attached medical release and history forms. (Exhibit A pp. 72-76)

27 12. On June 20, 2019, the claimant executed a medical release and noted that in 2015, he  
28 was diagnosed with high blood pressure, and was on medication for the same. (Exhibit A pp. 77-80)



balanced.” Maxwell v. SIIS, 109 Nev. 327, 849 P.2d 267 (1993); SIIS v. Khweiss, 108 Nev. 123, 825 P.2d 218 (1992); SIIS v. Kelly, 99 Nev. 774, 671 P.2d 29 (1983); 3, A. Larson, The Law of Workmen’s Compensation, § 80.33(a).

3. NRS 616A.010(2) makes it clear that:

A claim for compensation filed pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS must be decided on its merit and not according to the principle of common law that requires statutes governing worker’s compensation to be liberally construed because they are remedial in nature.

4. Here, the claimant has failed to meet the requirements for coverage under NRS 617.457 due to the claimant’s history of failure to correct predisposing factors/conditions on a continuous basis, despite being warned on multiple occasions that failure to do so could result in exclusion from the benefits of the statute (after his retirement, the claimant admits that he has been diagnosed with high blood pressure in 2015 and is/was taking medication for the same).

5. **NRS 617.457 Heart diseases as occupational diseases of firefighters, arson investigators and police officers.**

1. Notwithstanding any other provision of this chapter, diseases of the heart of a person who, for 2 years or more, has been employed in a full-time continuous, uninterrupted and salaried occupation as a firefighter, arson investigator or police officer in this State before the date of disablement are conclusively presumed to have arisen out of and in the course of the employment if the disease is diagnosed and causes the disablement:

(a) During the course of that employment;

(b) If the person ceases employment before completing 20 years of service as a police officer, firefighter or arson investigator, during the period after separation from employment which is equal to the number of years worked; or

(c) If the person ceases employment after completing 20 years or more of service as a police officer, firefighter or arson investigator, at any time during the person’s life.

Service credit which is purchased in a retirement system must not be calculated towards the years of service of a person for the purposes of this section.

2. Frequent or regular use of a tobacco product within 1 year, or a material departure from a physician’s prescribed plan of care by a person within 3 months, immediately preceding the filing of a claim for compensation excludes a person who has separated from service from the benefit of the conclusive presumption provided in subsection 1.

3. Notwithstanding any other provision of this chapter, diseases of the heart, resulting in either temporary or permanent disability or death, are occupational diseases and compensable as such under the

1 provisions of this chapter if caused by extreme overexertion in times of  
2 stress or danger and a causal relationship can be shown by competent  
3 evidence that the disability or death arose out of and was caused by the  
4 performance of duties as a volunteer firefighter by a person entitled to  
5 the benefits of chapters 616A to 616D, inclusive, of NRS pursuant to  
6 the provisions of NRS 616A.145 and who, for 5 years or more, has  
7 served continuously as a volunteer firefighter in this State by  
8 continuously maintaining an active status on the roster of a volunteer  
9 fire department.

10 4. Except as otherwise provided in subsection 5, each employee  
11 who is to be covered for diseases of the heart pursuant to the provisions  
12 of this section shall submit to a physical examination, including an  
13 examination of the heart, upon employment, upon commencement of  
14 coverage and thereafter on an annual basis during his or her  
15 employment.

16 5. During the period in which a volunteer firefighter is  
17 continuously on active status on the roster of a volunteer fire  
18 department, a physical examination for the volunteer firefighter is  
19 required:

20 (a) Upon employment;  
21 (b) Upon commencement of coverage; and  
22 (c) Once every 3 years after the physical examination that is  
23 required pursuant to paragraph (b),  
24 until the firefighter reaches the age of 50 years. Each volunteer  
25 firefighter who is 50 years of age or older shall submit to a physical  
26 examination once every 2 years during his or her employment.

27 6. The employer of the volunteer firefighter is responsible for  
28 scheduling the physical examination. The employer shall mail to the  
volunteer firefighter a written notice of the date, time and place of the  
physical examination at least 10 days before the date of the physical  
examination and shall obtain, at the time of mailing, a certificate of  
mailing issued by the United States Postal Service.

7. Failure to submit to a physical examination that is scheduled  
by his or her employer pursuant to subsection 6 excludes the volunteer  
firefighter from the benefits of this section.

8. The chief of a volunteer fire department may require an  
applicant to pay for any physical examination required pursuant to this  
section if the applicant:

(a) Applies to the department for the first time as a volunteer  
firefighter; and  
(b) Is 50 years of age or older on the date of his or her application.

9. The volunteer fire department shall reimburse an applicant for  
the cost of a physical examination required pursuant to this section if  
the applicant:

(a) Paid for the physical examination in accordance with  
subsection 8;  
(b) Is declared physically fit to perform the duties required of a  
firefighter; and  
(c) Becomes a volunteer with the volunteer fire department.

1  
2 10. Except as otherwise provided in subsection 8, all physical  
3 examinations required pursuant to subsections 4 and 5 must be paid for  
4 by the employer.

5 11. Failure to correct predisposing conditions which lead to heart  
6 disease when so ordered in writing by the examining physician  
7 subsequent to a physical examination required pursuant to subsection 4  
8 or 5 excludes the employee from the benefits of this section if the  
9 correction is within the ability of the employee.

10 12. A person who is determined to be:

11 (a) Partially disabled from an occupational disease pursuant to the  
12 provisions of this section; and

13 (b) Incapable of performing, with or without remuneration, work  
14 as a firefighter, arson investigator or police officer,  
15 E may elect to receive the benefits provided under NRS 616C.440 for a  
16 permanent total disability.

17 13. Claims filed under this section may be reopened at any time  
18 during the life of the claimant for further examination and treatment of  
19 the claimant upon certification by a physician of a change of  
20 circumstances related to the occupational disease which would warrant  
21 an increase or rearrangement of compensation.

22 14. A person who files a claim for a disease of the heart specified  
23 in this section after he or she retires from employment as a firefighter,  
24 arson investigator or police officer is not entitled to receive any  
25 compensation for that disease other than medical benefits.

26 15. The Administrator shall review a claim filed by a claimant  
27 pursuant to this section that has been in the appeals process for longer  
28 than 6 months to determine the circumstances causing the delay in  
processing the claim. As used in this subsection, "appeals process"  
means the period of time that:

(a) Begins on the date on which the claimant first files or submits a  
request for a hearing or an appeal of a determination regarding the  
claim; and

(b) Continues until the date on which the claim is adjudicated to a  
final decision.

16 16. Except as otherwise provided in this subsection, if an  
17 employer, Administrator or third-party administrator denies a claim  
18 that was filed pursuant to this section and the claimant ultimately  
19 prevails, the Administrator may order the employer, Administrator or  
20 third-party administrator, as applicable, to pay to the claimant a benefit  
21 penalty of not more than \$200 for each day from the date on which an  
22 appeal is filed until the date on which the claim is adjudicated to a final  
23 decision. Such benefit penalty is payable in addition to any benefits to  
24 which the claimant is entitled under the claim and any fines and  
25 penalties imposed by the Administrator pursuant to NRS 616D.120. If  
26 a hearing before a hearing officer is requested pursuant to NRS  
27 616C.315 and held pursuant to NRS 616C.330, the employer,  
28 Administrator or third-party administrator, as applicable, shall pay to  
the claimant all medical costs which are associated with the

1 occupational disease and are incurred from the date on which the  
2 hearing is requested until the date on which the claim is adjudicated to  
3 a final decision. If the employer, Administrator or third-party  
4 administrator, as applicable, ultimately prevails, the employer,  
5 Administrator or third-party administrator, as applicable, is entitled to  
6 recover the amount paid pursuant to this subsection in accordance with  
7 the provisions of NRS 616C.138.

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5. Claimant was employed as a police officer with the Las Vegas Metropolitan Police  
Department from 1987 until his retirement in 2012. (Ex. A, p. 3).

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6. Claimant attended annual physicals from 2008 through 2012. At his 2008 physical, his  
labs revealed elevated triglyceride levels. (Ex. 1, p. 48). At his 2009 physical, his labs revealed  
elevated cholesterol, triglycerides, and LDL levels. (Ex. 1, p. 91). At his 2010 physical, his lab results  
revealed an elevated LDL level. (Ex. 1, pp. 119). At his 2011 physical, his lab results revealed  
elevated cholesterol and triglyceride levels and he was instructed to start a low-fat diet. (Ex. 1, pp.  
122-23). At his 2012 physical, his labs revealed elevated triglycerides and he was instructed to begin a  
low-fat diet and increase cardiovascular exercise. (Ex. 1, pp. 149). Claimant retired in 2012 and so did  
not undergo any additional physicals.

7. On May 29, 2019, Claimant visited Summerlin Hospital with symptoms of a heart  
attack. There, he was diagnosed with two heart attacks, coronary artery disease (CAD), chronic  
obstructive pulmonary disease (COPD), and emphysema. (Ex. A, p. 1). Claimant was admitted to the  
hospital for six days, until June 4, 2019. (Ex. 1, pp. 13-40). On the day of his discharge from the  
hospital, Claimant was advised by Dr. Mojica that, "he likely should stop the testosterone since it may  
be causing erythrocytosis and could have precipitated his heart disease." (Ex. 1, p. 40). Claimant's  
blood was taken and analyzed on May 30, 2019. (Ex. 1, p. 39)

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1           8.       This Court converted the data from Claimant's physicals and his 2019 hospitalization  
2 into the following chart for ease of reference, with asterisks denoting the years and levels for which he  
3 received written warnings:

	2008	2009	2010	2011	2012	2019
Cholesterol	188	223	189	186*	186	132
Triglycerides	175	177	130	159*	181*	348
LDL	125	153	128	117	120	86

11           9.       On July 23, 2019, Administrator denied the claim. On September 17, 2019, a Hearing  
12 Officer issued a Decision and Order affirming Administrator's July 23, 2019, determination. Claimant  
13 now appeals, seeking acceptance of his claim for heart disease under NRS 617.457.

14           10.       NRS 617.457(1) provides that occupational disease claimants who are disabled by  
15 heart disease after having continuously worked as full-time police for two or more years are entitled to  
16 a conclusive presumption that the heart disease was a sufficiently work-related occupational disease.  
17 NRS 617.457(11) provides an exception to this presumption, when an examining physician orders a  
18 claimant in writing to correct predisposing conditions which lead to heart disease and the claimant  
19 fails to do so, if the correction is within the ability of the claimant.

20           11.       Claimant seeks claim acceptance for heart diseases under NRS 617.457. Claimant has  
21 adduced evidence constituting a preponderance that he was a police officer for more than two years  
22 and suffers from at least one disabling heart disease. Claimant was hospitalized for six days due to two  
23 heart attacks and was diagnosed with coronary artery disease during that stay.

24           12.       Administrator contends that Claimant should be precluded from coverage because he  
25 did not correct the predisposing conditions of which he was properly warned. Claimant was warned in  
26 2011 and 2012 of high triglyceride levels, and when he was admitted to the hospital in 2019, his  
27 triglyceride level was almost double what it was in 2012. This evidence alone satisfies Administrator's  
28 burden of establishing the existence of a predisposing condition that Claimant was ordered in writing

1 to correct and which was within his ability to correct. Claimant has offered no evidence to contradict  
2 any of these points. In fact, Claimant wrongly states that Claimant's triglyceride level was "normal" at  
3 the time of his 2012 physical. The medical records in evidence establish that Claimant failed to correct  
4 his predisposing condition of high triglycerides, and therefore he must be excluded from coverage  
5 under NRS 617.457.

6 **DECISION AND ORDER**

7 The claimant, ROBERT HOLLAND, has failed to meet her burden of establishing a  
8 compensable claim.

9 IT IS HEREBY ORDERED that the Hearing Officer's Decision and Order dated  
10 September 17, 2019, which affirmed claim denial, is AFFIRMED.

11 IT IS ALSO HEREBY ORDERED that the July 23, 2019 determination denying the  
12 claim is AFFIRMED.

13 IT IS SO ORDERED.

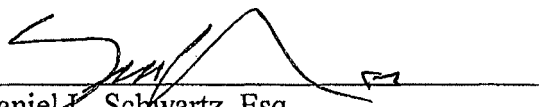
14 DATED this 21<sup>st</sup> day of July, 2020.

15   
16 DENISE S. MCKAY, ESQ.  
17 APPEALS OFFICER

18 **NOTICE:** Pursuant to NRS 233B.130, should any party desire to appeal this final decision of  
19 the Appeals Officer, a Petition for Judicial Review must be filed with the District Court within  
20 thirty (30) days after service by mail of this decision.

21 Submitted by:

22 LEWIS BRISBOIS BISGAARD & SMITH LLP

23 By:   
24 Daniel L. Schwartz, Esq.  
25 Nevada Bar No. 5125  
26 2300 W. Sahara Ave., Ste. 300, Box 28  
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28 Attorneys for the Employer

**CERTIFICATE OF MAILING**

The undersigned, an employee of the State of Nevada, Department of Administration, Appeals 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 file maintained by the Division, 2200 South Rancho Drive, Suite 220, Las Vegas, Nevada, to the following:

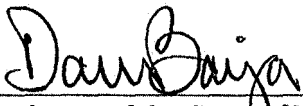
LISA ANDERSON, ESQ.  
GREENMAN GOLDBERG RABY & MARTINEZ  
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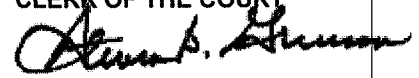
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CCMSI  
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DANIEL L. SCHWARTZ, ESQ.  
LEWIS BRISBOIS BISGAARD & SMITH LLP  
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LAS VEGAS, NV 89102

DATED this 27<sup>th</sup> day of July, 2020.

  
An employee of the State of Nevada



1 **NOIP**  
2 DANIEL L. SCHWARTZ, ESQ.  
3 Nevada Bar No. 005125  
4 JOEL P. REEVES, ESQ.  
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12 Attorneys for Respondent  
13 *Las Vegas Metropolitan Police Department and*  
14 *Cannon Cochran Management Services, Inc.*

9 **DISTRICT COURT**  
10 **CLARK COUNTY, NEVADA**

11 ROBERT HOLLAND,

12 Petitioner,

CASE NO.: A-20-818754-J

13 v.

DEPT. NO.: XIV

14 LAS VEGAS METROPOLITAN POLICE  
15 DEPARTMENT, CANNON COCHRAN  
16 MANAGEMENT SERVICES, INC., and THE  
17 DEPARTMENT OF ADMINISTRATION,  
18 HEARINGS DIVISION, APPEALS OFFICE, an  
19 Agency of the State of Nevada,

20 Respondents.

21 **NOTICE OF INTENT TO PARTICIPATE**

22 TO: ROBERT HOLLAND, Petitioner.

23 TO: LISA M. ANDERSON, ESQ., Petitioner's counsel.

24 A copy of the Petition for Judicial Review was received by Petitioner, ROBERT  
25 HOLLAND, by and through their counsel, LISA M. ANDERSON, ESQ. of GREENMAN,  
26 GOLDBERG, RABY & MARTINEZ, and pursuant to NRS 233B.130(3), please take notice that  
27 LAS VEGAS METROPOLITAN POLICE DEPARTMENT, AND CANNON COCHRAN  
28 MANAGEMENT SERVICES, INC. are the respondents in this matter and intend to participate  
in the Petition for Judicial Review filed by Petitioner, Robert Holland.

1  
2  
3 DATED this 25<sup>th</sup> day of August, 2020

4 LEWIS BRISBOIS BISGAARD & SMITH LLP

5 By: /s/ Joel P. Reeves for  
6 DANIEL L. SCHWARTZ, ESQ.  
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4838-0491-3865.1

1 **CERTIFICATE OF MAILING**

2 Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that on the  
3 25th day of August, 2020, service of the foregoing **NOTICE OF INTENT TO PARTICIPATE**  
4 was made this date by depositing a true copy of the same for mailing, postage prepaid thereon, in  
5 an envelope to the following:

6  
7 LISA M. ANDERSON  
8 GREENMAN, GOLDBERG, RABY & MARTINEZ  
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11 LVMPD- HEALTH DETAIL  
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14 LAS VEGAS, NV 89106

15 CCMSI  
16 ATTN: STEPHANIE MACY  
17 P.O. BOX 35350  
18 LAS VEGAS, NV 89133

19  
20 /s/ Stephanie Jensen  
21 An employee of LEWIS BRISBOIS BISGAARD & SMITH LLP  
22  
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**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

ROBERT HOLLAND,

Petitioner,

vs.

LAS VEGAS METROPOLITAN POLICE  
DEPARTMENT, CCMSI, and THE  
DEPARTMENT OF ADMINISTRATION,  
HEARINGS DIVISION,

Respondents.

CASE NO. : A-20-818754-J  
DEPT. NO. : XIV

**PETITIONER'S OPENING BRIEF**

LISA M. ANDERSON, ESQ.  
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Greenman Goldberg Raby Martinez /  
ACCIDENT INJURY ATTORNEYS

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Greenman Goldberg Raby Martinez  
ACCIDENT INJURY ATTORNEYS

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I

STATEMENT OF ISSUE

The issue raised by Petitioner is whether substantial evidence supports the Appeals Officer's Decision and Order dated July 27, 2020 affirming Respondent's determination denying responsibility for Petitioner's May 26, 2019 claim for occupationally related heart disease.

II

STATEMENT OF CASE

This is the petition of ROBERT HOLLAND (hereinafter "Petitioner") from the Appeals Officer's July 27, 2020 Decision and Order that affirmed CCMSI'S (hereinafter "Respondent") July 23, 2019 determination denying liability for the May 26, 2019 claim for occupational heart disease. Petitioner timely filed an appeal, arguing that the Appeals Officer improperly ruled in Respondents favor, alleging that the Appeals Officer's Decision and Order lacks substantial evidence, and that the Appeals Officer committed legal error.

After extensive litigation, the Appeals Officer issued a Decision and Order, in pertinent part, as follows:

The claimant, ROBERT HOLLAND, has failed to meet her (sic) burden of establishing a compensable claim.

IT IS HEREBY ORDERED that the Hearing Officer's Decision and Order dated September 17, 2019, which affirmed claim denial, is AFFIRMED.

IT IS ALSO HEREBY ORDER that the July 23, 2019 determination denying the claim is AFFIRMED.

IT IS SO ORDERED.

(Record on Appeal, hereinafter "ROA" pages 3-12).

1 Petitioner thereafter timely filed the instant Petition for Judicial Review of the Appeals  
2 Officer's Decision and Order with this Court. The Appeals Officer's Decision and Order was  
3 arbitrary and capricious and must be reversed.  
4

### 5 III

#### 6 STATEMENT OF FACTS

7 On or about May 26, 2019, Petitioner reported the onset of an occupationally related  
8 disease of the heart that was contracted while in the course and scope of his employment as a  
9 police officer with Las Vegas Metropolitan Police Department (hereinafter "Respondent").  
10 Petitioner had been employed with Respondent for approximately twenty-five (25) years (since  
11 September 11, 1987) before retiring (December 29, 2012) and subsequently filing this claim.  
12

13 Petitioner timely notified Respondent of the occupationally related disabling disease of  
14 the heart and sought medical care from Summerlin Hospital Medical Center.  
15

16 On May 29, 2019, Petitioner was admitted to Summerlin Hospital Medical Center, where  
17 he remained hospitalized until being discharged on June 4, 2019. Dr. Dost Wattoo diagnosed  
18 three (3) vessel coronary artery disease with stenting following two (2) heart attacks. Dr. Wattoo  
19 completed a C-4 form and confirmed that Petitioner's disabling heart disease condition was  
20 directly related to his employment. Dr. Wattoo reported that Petitioner was totally disabled from  
21 May 27, 2019 through June 17, 2019. Dr. Wattoo confirmed that further medical treatment was  
22 medically necessary. (ROA pages 167-194)  
23

24 On July 20, 2019, Respondent's unnamed medical director suggested that Petitioner's  
25 May 26, 2019 claim for occupational heart disease was not compensable pursuant to NRS  
26 617.440 or NRS 617.457. The medical director suggested that corrective action was given at  
27  
28

1 the time of his annual physical examinations to “stop his testosterone therapy as it can contribute  
2 to heart disease.” (ROA page 195)

3 On July 23, 2019, Respondent notified Petitioner that liability was denied for the May  
4 26, 2019 claim for occupational heart disease. Respondent advised Petitioner that he did not  
5 meet the requirements for a claim for heart disease, occupational disease, or industrial injury.  
6 Respondent also advised that it was not established that Petitioner’s condition arose out of the  
7 course and scope of his employment. (ROA pages 196-199)

9 Petitioner timely appealed Respondent’s July 23, 2019 determination to the Hearing  
10 Officer.

12 On September 17, 2019, the Hearing Officer (2001960-JK) affirmed Respondent’s July  
13 23, 2019 determination denying liability for the May 26, 2019 claim for occupational heart  
14 disease. The Hearing Officer concluded that Petitioner failed to correct predisposing conditions.  
15 (ROA pages 200-201)

17 Petitioner timely appealed the Hearing Officer’s September 17, 2019 Decision and Order  
18 to the Appeals Officer.

19 On March 6, 2020, the Appeals Officer issued an Order for Briefing Schedule to the  
20 parties. (ROA pages 40-41)

22 On April 7, 2020, Petitioner filed his Closing Brief. Petitioner argued that he has been  
23 diagnosed with a disabling disease of the heart and had attained the minimum length of  
24 employment requirement to qualify for the conclusive presumption for claim compensability  
25 under NRS 617.457. Petitioner also argued that he was never advised during any of his annual  
26 physical to discontinue testosterone therapy nor was testosterone therapy ever identified as a  
27 predisposing condition or a corrective measure. Lastly, Petitioner argued that his annual  
28

1 physical from 2008 and to his 2012 retirement demonstrated that he took the necessary steps to  
2 correct his predisposing conditions. (ROA pages 33-39)

3 On May 4, 2020, Respondent filed its Written Closing Argument. Respondent argued  
4 that Petitioner "continuously" failed on multiple occasions to correct predisposing conditions.  
5 (ROA pages 23-32)

6 On May 21, 2020, Petitioner filed his Reply Brief. Petitioner replied to Respondent's  
7 argument that he repeatedly and continuously failed to correct predisposing condition by  
8 pointing out that Petitioner's cholesterol and triglyceride levels steadily declined to a normal  
9 range. In fact, the 2012 annual physical confirmed that the only predisposing condition  
10 identified was abnormal hearing even though his triglycerides were slightly elevated. Since  
11 Petitioner's predisposing conditions had been correct to the point where the physician  
12 conducting the 2012 annual physical no longer identified cholesterol or triglycerides as needing  
13 correction, Petitioner reiterated that he qualified for the conclusive presumption for claim  
14 compensability under NRS 617.457. (ROA pages 17-22)

15 On July 27, 2020, the Appeals Officer affirmed the Hearing Officer's September 17,  
16 2019 Decision and Order affirming Respondent's July 23, 2019 claim denial determination. The  
17 Appeals Officer concluded that Petitioner was precluded from the conclusive presumption  
18 because he failed to correct predisposing conditions. The Appeals Officer based its conclusion  
19 on laboratory results that his triglycerides were elevated while hospitalized in 2019 due to his  
20 cardiac event. The Appeals Officer also cited a statement from the discharging physician in  
21 2019 that testosterone might affect his heart. (ROA pages 3-12)

22 It is from the Appeals Officer's Decision and Order dated July 27, 2020 that Petitioner  
23 now appeals.

IV

LEGAL ARGUMENT

A. The Appropriate Standard for Judicial Review in Contested Workers' Compensation Claims

In contested workers' compensation claims, judicial review first requires an identification of whether the issue to be resolved is a factual or legal issue. While questions of law may be reviewed de novo by this Court, a more deferential standard must be employed when reviewing the factual findings of an administrative adjudicator.

NRS 233B.135, which governs judicial review of a final decision of an administrative agency, provides, in pertinent part, the following:

2. The final decision of the agency shall be deemed reasonable and lawful until reversed or set aside in whole or in part by the court. The burden of proof is on the party attacking or resisting the decision to show that the final decision is invalid pursuant to subsection 3.

3. The court shall not substitute its judgment for that of the agency as to the weight of evidence on a question of fact. The court may remand or affirm the final decision or set it aside in whole or in part if substantial rights of the petitioner have been prejudiced because the final decision of the agency is:

- (a) In violation of constitutional or statutory provisions;
- (b) In excess of the statutory authority of the agency;
- (c) Made upon unlawful procedure;
- (d) Affected by other error of law;
- (e) Clearly erroneous in view of the reliable, probative and substantial evidence on the whole record; or
- (f) Arbitrary or capricious or characterized by abuse of discretion.

Relating to the standard of review of administrative decisions, our Supreme Court has consistently held that the factual findings made by administrative adjudicators may not be disturbed on appeal unless they lack the support of substantial evidence. SIIS v. Hicks, 100 Nev.

1 567, 688 P.2d 324 (1984); SIIS v. Thomas, 101 Nev. 293, 701 P.2d 1012 (1985); SIIS v.  
2 Swinney, 103 Nev. 17, 731 P.2d 359 (1987); SIIS v. Christensen, 106 Nev. 85, 787 P.2d 408  
3 (1990).

4  
5 Thus, "the central inquiry is whether substantial evidence in the record supports the  
6 agency decision." Brocas v. Mirage Hotel & Casino, 109 Nev. 579, 583, 854 P.2d 862, 865  
7 (1993). Substantial evidence is "that quantity and quality of evidence which a reasonable  
8 [person] could accept as adequate to support a conclusion." State Employment Sec. Dep't v.  
9 Hilton Hotels, 102 Nev. 606, 608 n.1, 729 P.2d 497, 498 n.1 (1986). Therefore, if the agency's  
10 decision lacks substantial evidentiary support, the decision is unsustainable as being arbitrary  
11 and capricious. Barrick Goldstrike Mine v. Peterson, 116 Nev. 541, 547, 2 P.3d 850, 854 (2000).  
12 The Court must defer to an agency's findings of fact only as long as they are supported by  
13 substantial evidence. Law Offices of Barry Levinson v. Milko, 124 Nev. 355, 362, 184 P.3d 378,  
14 383-84 (2008).

15  
16  
17 On the other hand, purely legal questions may be determined by the District Court  
18 without deference to an agency determination, upon de novo review. SIIS v. Khweiss, 108 Nev.  
19 at 126, 825 P.2d at 220 (1992). Furthermore, the construction of a statute is a question of law,  
20 subject to de novo review. See State, Dep't of Motor Vehicles v. Lovett, 110 Nev. 473, 476,  
21 874 P.2d 1274, 1249 (1994).

22  
23 The matter at issue in this appeal clearly involves a factual issue as to whether Petitioner  
24 satisfied the legal requirements of NRS 617.457 to qualify for the conclusive presumption for  
25 claim compensability for his occupationally related heart disease.

26 ///

27 ///

1       **B. Petitioner Satisfied the Requirements for the Conclusive Presumption for Claim**  
2       **Compensability Under NRS 617.457.**

3       The basis of this appeal involves the issue of whether Petitioner has satisfied the  
4       necessary criteria to qualify for the conclusive presumption under NRS 617.457 for claim  
5       compensability for his occupationally related heart disease condition. Petitioner maintains that  
6       he has been diagnosed with disabling diseases of the heart and that he was employed as a  
7       qualified police officer for greater than two (2) years at the time he filed his claim for  
8       occupational heart disease.  
9

10       Under the Nevada Occupational Diseases Act, NRS 617.200 requires employers to  
11       provide compensation for all occupational diseases contracted by an employee arising out of and  
12       in the course of employment.  
13

14       This claim falls under NRS 617.457, which, as amended by the legislature and signed  
15       into law by the Governor on June 8, 2015, provides the following:  
16

17       NRS 617.457 states in part:

18               1. Notwithstanding any other provision of this chapter,  
19               diseases of the heart of a person who, for 2 years or more, has  
20               been employed in a full-time continuous, uninterrupted and  
21               salaried occupation as a firefighter, arson investigator or police  
22               officer in this State before the date of disablement are  
23               conclusively presumed to have arisen out of and in the course of  
24               the employment, if the disease is diagnosed and causes the  
25               disablement:

- 26               (a) During the course of that employment;  
27               (b) If the person ceases employment before completing 20 years of  
28               service as a police officer, firefighter or arson investigator, during  
              the period after separation from employment which is equal to the  
              number of years worked; or  
              (c) If the person ceases employment after completing 20 years or  
              more of service as a police officer, firefighter or arson investigator,  
              at any time during the person's life.

1 Our Supreme Court further clarified this provision in Manwill v. Clark County, 162 P.3d  
2 876, 123 Nev. 28 (2007). Specifically, the court held that:

3 Under its plain language, this provision requires a firefighter  
4 seeking occupational disease benefits to show only two things:  
5 heart disease and [the required] years' qualifying employment  
6 before disablement. [O]nce the firefighter shows that he has heart  
7 disease and [the required] years' qualifying employment before  
8 the date of disablement, his heart disease, whatever the cause [] is  
9 covered, despite any preexisting symptom or condition.  
10 Consequently, the conclusive presumption under NRS 617.457(1)  
11 applies even when a claimant's "occupation as a firefighter is not  
12 a contributing factor to the progression of [the disease]"; that is,  
13 any heart disease of a firefighter is deemed occupational,  
14 whenever contracted, so long as the firefighter qualifies for  
15 benefits under the terms of this statute.

16 Manwill makes clear that Petitioner is only required to establish two (2) elements to  
17 prove his disease of the heart is compensable: (1) that the disease is, in fact, "heart disease," and  
18 (2) that Petitioner has two (2) years of qualifying employment before disablement.

19 (1) Petitioner's diagnosed heart condition is "heart disease."

20 As the medical evidence makes clear, Petitioner has been diagnosed with a disabling  
21 disease of the heart that included three (3) vessel coronary artery disease with stenting following  
22 two (2) heart attacks. Dr. Wattoo has opined that this heart condition was defined as a disabling  
23 disease of the heart. A summary of the relevant medical reporting is as follows:

- 24 • On May 29, 2019, Petitioner was admitted to Summerlin Hospital Medical  
25 Center, where he remained hospitalized until being discharged on June 4, 2019.  
26 Dr. Dost Wattoo diagnosed three (3) vessel coronary artery disease with stenting  
27 following two (2) heart attacks. Dr. Wattoo completed a C-4 form and confirmed  
28 that Petitioner's disabling heart disease condition was directly related to his  
employment. Dr. Wattoo reported that Petitioner was totally disabled from May  
27, 2019 through June 17, 2019. Dr. Wattoo confirmed that further medical  
treatment was medical necessary. (ROA pages 167-194)

1 Based on the medical evidence provided, Claimant's cardiac condition was properly  
2 classified as a disabling "heart disease" and, therefore, satisfies the first element in Manwill.

3 (2) Petitioner had (more than) two years of qualifying employment.

4 As noted above, Petitioner had maintained full-time continuous and uninterrupted  
5 employment as a police officer with the Las Vegas Metropolitan Police Department from 1987  
6 to 2012, before retiring.

7 Consequently, he has worked in a qualifying police officer position for significantly  
8 more than statutorily required two (2) years before the date of his occupational disease claim,  
9 thereby satisfying the second element in Manwill.

10 In accordance with Manwill, ANY heart condition denominated as a disease of the heart  
11 qualifies for coverage under NRS 617.457 so long as the claimant meets the length of  
12 employment requirement. In this case, Petitioner has been diagnosed with a condition that was  
13 clearly defined as a disabling disease of the heart. Moreover, Petitioner was employed for  
14 approximately twenty-five (25) years at the time he filed a claim for the occupationally related  
15 disabling disease of the heart, which satisfies the two (2) year length of employment standard.  
16 Therefore, based upon Dr. Wattoo's reporting, Petitioner's heart condition clearly qualifies for  
17 the conclusive presumption for claim compensability for his disabling disease of the heart and  
18 must be accepted under NRS 617.457.

19 Lastly, the medical opinion from Respondent's medical advisor based his  
20 recommendation for claim denial on the fact that Petitioner underwent testosterone therapy. The  
21 medical advisor claimed that testosterone therapy might contribute to heart disease. The medical  
22 advisor also claimed, incorrectly, that Petitioner was advised in his annual physicals to  
23 discontinue testosterone therapy. However, the annual physicals from 2008 through his 2012

1 retirement do not contain any mention or instructions to discontinue testosterone therapy.  
2 Testosterone therapy was never identified as a predisposing condition or a corrective measure  
3 to be taken by Petitioner. (ROA pages 202-325) In fact, Petitioner was never warned of  
4 testosterone negatively affecting his heart until being discharged from the hospital in 2019.

5  
6 **C. Petitioner Corrected the Predisposing Conditions that were Identified in his Annual**  
7 **Physicals, pursuant to NRS 617.457(11).**

8 Under Conclusion of Law 4, the Appeals Officer concluded that Petitioner had a “history  
9 of failure to correct predisposing factors/conditions on a continuous basis, despite being warned  
10 on multiple occasions that failure to do so could result in exclusion from the benefits of the  
11 statute.” The Appeals Officer ruled under Conclusion of Law 12 that Petitioner “offered no  
12 evidence” to prove that he took steps to correct the predisposing conditions that were within his  
13 ability to correct. Petitioner contends that his annual physicals from 2008 through his 2012  
14 retirement confirms that he took necessary steps to lower his elevated cholesterol and  
15 triglyceride levels when so instructed. Moreover, when Petitioner was diagnosed with  
16 hypertension, he immediately went on and complied with a medication regimen.

17  
18 The Appeals Officer cited blood work from Petitioner’s 2019 hospitalization that found  
19 his triglycerides to be elevated. While Petitioner does not dispute his elevated triglyceride level  
20 during his 2019 hospitalization, it must be noted that NRS 617.457(11) specifically requires  
21 Petitioner to fail to correct a predisposing condition when instructed in writing to do so. In this  
22 instance, the Appeals Officer ignored this standard because Petitioner was not informed in  
23 writing to correct a predisposing condition leading up to the 2019 findings.

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Petitioner's annual physicals leading up to his retirement simply do not support Respondent's assertion that Petitioner failed to correct predisposing conditions that were within his ability to correct. Normal cholesterol is 200. Normal triglycerides are 150. Optimal LDL is under 100 while near optimal/above optimal is between 100 and 129. The acceptable range for HDL is 40-60. These figures are contained in the blood work portion of his annual physicals. (ROA page 320)

	2008	2009	2010	2011	2012
Cholesterol	188	223	189	186	186
Triglycerides	175	177	130	159	181
LDL	125	153	128	117	120
HDL	28	35	35	37	30

From 2008 through 2012, Petitioner's cholesterol was 188 (2008), 223 (2009), 189 (2010), 186 (2011) and 186 (2012). From 2008 through 2012, Petitioner's triglycerides were 175 (2008), 177 (2009), 130 (2010), 159 (2011) and 181 (2012). Petitioner's 2012 Annual Physical coversheet signed by the attending physician confirms that the only predisposing condition indicated with an 'X' was abnormal hearing. (ROA page 302)

Here, Petitioner's annual physicals from 2008 through his 2012 retirement confirm periodic elevated cholesterol and triglycerides. The 2008 annual physical showed that Petitioner had elevated triglycerides at 175. The 2009 annual physical showed that Petitioner had elevated cholesterol at 223 and elevated triglycerides at 177. Petitioner's 2010 annual physical confirmed normal cholesterol and triglycerides levels, which establishes appropriate corrective measures were taken. The 2011 annual physical revealed slightly elevated cholesterol (HDL) at 37 and triglycerides at 159. Petitioner's 2012 annual physical confirmed normal cholesterol and

1 triglycerides levels, which establishes appropriate corrective measures were taken. (ROA pages  
2 202-325)

3  
4 Based upon the annual physicals, Petitioner took appropriate measures, whenever  
5 instructed to do so, to correct any predisposing conditions that required corrective action that  
6 led to his occupationally related heart diseases. NRS 617.457(11) does not require absolute  
7 correction, but instead placed a qualifier on the issue by including the phrase that it must be  
8 within Petitioner's "ability to correct." While not entirely successful, Petitioner's failure to  
9 consistently attain normal levels of triglycerides demonstrates that it was not entirely within his  
10 ability to correct his triglycerides.  
11

12 The Nevada Supreme Court in Manwill held a claimant has **no** burden to disprove the  
13 failure to correct predisposing conditions did not lead to a claimant's heart disease under NRS  
14 617.457(11), or that no predisposing conditions exist, to receive the benefits under NRS 617.457.  
15 *See*, 123 Nev. 238, 242-44 (2007). The predisposing conditions section under NRS 617.457 has  
16 existed since 1973. NRS 617.457(11); *see*, 1973 Nev. Stat. ch. 504, § 1, at 769. In 1989, the  
17 Nevada legislature set the current conclusive presumption found in NRS 617.457(1). 1989 Nev.  
18 Stat. ch. 480, § 2, at 1021. Since that time, the Nevada legislature has only expanded the ability  
19 for claims under NRS 617.457 to be accepted. *Compare* NRS 617.457(1989) with NRS  
20 617.457(2017); *see also*, Manwill, 123 Nev. 238; Gallagher v. City of Las Vegas, 114 Nev. 595,  
21 601, 959 P.2d 519, 522 (1998).  
22  
23

24 The Manwill Court knew the existence of, and failure to correct, predisposing conditions  
25 would exclude a claimant from benefits under NRS 617.457. Manwill, 123 Nev. 238, 242-43.  
26 However, the Court found a claimant has absolutely no burden to show they do not have any  
27 predisposition conditions and/or had the ability to correct them but failed to do so. *See, Id.* at  
28

1 244. If such a burden and requirement existed, then the Nevada Supreme Court would have  
2 listed it as such, but instead merely requires a claimant to "show only two things: heart disease  
3 and five years' qualifying employment before disablement." *Id.* at 242-44. The claimant in  
4 *Manwill* did not have to show the correction of a predisposing condition within their ability to  
5 correct nor did he have to show no predisposing conditions existed. *Id.*  
6

7 As such, it is the opposing party's burden to meet the requirements under NRS  
8 617.457(11) to exclude a claimant from receiving the benefits under NRS 617.457, which states:  
9

10 Failure to correct predisposing conditions which lead to heart  
11 disease when so ordered in writing by the examining physician  
12 subsequent to a physical examination required pursuant to  
13 subsection 4 or 5 excludes the employee from the benefits of this  
14 section if the correction is within the ability of the employee.

15 The plain and ordinary language of the statute shows the opposing party is required to  
16 prove five elements: 1) the claimant has a predisposing condition(s); 2) the predisposing  
17 condition(s) lead to heart disease; 3) the claimant was ordered, in writing, by the examining  
18 physician to correct the predisposing condition(s); 4) the written order was given subsequent to  
19 a physical examination required pursuant to subsection 4 or 5; and 5) the ordered correction is  
20 within the ability of the employee to perform. NRS 617.457(11).

21 V

22 CONCLUSION

23 This is not an appeal based solely on a disagreement over the facts. Rather, Petitioner is  
24 faced with an Appeals Officer's Decision that violates clear and specific legal precedent and  
25 statutory schemes. Since the Appeals Officer's Decision and Order lacks substantial evidentiary  
26 support and contains legal error as outlined above, Petitioner respectfully requests entry of this  
27

1 Honorable Court's order REVERSING the Appeals Officer's July 27, 2020 Decision and Order  
2 as outlined above.

3 DATED this 29<sup>th</sup> day of December, 2020.

4 GREENMAN GOLDBERG RABY & MARTINEZ

6  
7 By: 

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CERTIFICATE OF COMPLIANCE

I hereby certify that I have read this Petitioner's Opening Brief, and to the best of my knowledge, information and belief, it is not frivolous or interposed for any improper purpose. I further certify that this reply brief complies with all applicable Nevada Rules of Appellate Procedure, in particular NRAP 28(e), which requires every assertion in the brief regarding matters in the record to be supported by appropriate references to the record on appeal.

I understand that I may be subject to sanctions in the event that the accompanying brief is not in conformity with the requirements of the Nevada Rules of Appellate Procedure.

DATED this 21<sup>st</sup> day of December, 2020.

GREENMAN GOLDBERG RABY & MARTINEZ

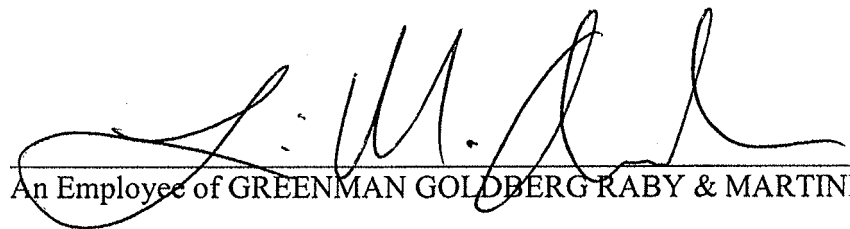
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CERTIFICATE OF MAILING

I hereby certify that on the 29<sup>th</sup> day of December, 2020, I deposited a true and correct copy of the OPENING BRIEF in the U.S. Mails, postage fully prepaid, enclosed in envelopes addressed as follows:

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**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

ROBERT HOLLAND,

Petitioner,

v.

LAS VEGAS METROPOLITAN POLICE  
DEPARTMENT, CANNON COCHRAN  
MANAGEMENT SERVICES, INC., and THE  
DEPARTMENT OF ADMINISTRATION,  
HEARINGS DIVISION, APPEALS OFFICE, an  
Agency of the State of Nevada,

Respondents.

Case No.: A-20-818754-J

Dept. No.: 21

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I.

**STATEMENT OF THE CASE**

This is a workers' compensation case. On June 7, 2019, claimant ROBERT HOLLAND, (hereinafter referred to as "claimant"), a retired police officer, filed a claim for workers' compensation benefits based on two heart attacks that claimant suffered on May 26 and 27, 2019. However, prior to his retirement, claimant was warned for several years that he was predisposed to heart disease based on elevated triglycerides and that if he did not correct the same he would be excluded from benefits. At his last physical in 2012, claimant's triglycerides were 181. When he presented to the hospital for the subject heart attacks, his triglycerides were 348.

Administrator denied this claim. Claimant appealed.

On September 17, 2019, the Hearing Officer affirmed claim denial. Claimant appealed.

On July 27, 2020, the Appeals Officer for Appeal Number 2004526-DM affirmed claim denial based on claimant's failure to correct conditions which were predisposing him to heart disease.

Despite losing at both the Hearing Officer and Appeals Officer levels, claimant now files this Petition for Judicial Review, alleging that the Appeals Officer's July 27, 2020 Decision was erroneous.

II.

**STATEMENT OF THE ISSUES**

1. Whether substantial rights of Petitioner have been prejudiced as set forth in NRS 233B.135(3) because the Appeals Officer's Decision and Order filed on July 27, 2020 was:

- (a) in violation of constitutional or statutory provisions;
- (b) in excess of statutory authority of the agency;
- (c) made upon unlawful procedure;
- (d) affected by other error of law;
- (e) clearly erroneous in view of the reliable, probative and substantial evidence on the whole record; or
- (f) arbitrary or capricious or characterized by abuse of discretion; and

2. Whether the Appeals Officer's Decision and Order was based upon substantial evidence as required by NRS 233B.125.

### III.

#### STATEMENT OF FACTS

The claimant, ROBERT HOLLAND, (hereinafter referred to as "claimant"), a retired police officer who was working corporate security at the time of this claim, alleges that on May 26, 2019, "while washing my vehicle I began to experience chest pain that radiated into my left arm. On Monday, 5/27/2019, I experienced the same symptoms occurred [sic] as I was leaving the gym." Dr. Wattoo completed two separate C-4 forms both indicating that the claimant had two heart attacks. One C-4 form added CAD, COPD, and emphysema to the listed diagnoses. Both noted three vessel coronary artery disease with stenting. The claimant was taken off of work from May 27, 2019 to June 17, 2019. (ROA pp. 48-49)

The Employer's Report of Industrial Injury or Occupational Disease notes reporting of the claim on May 28, 2019, and it was also noted that the claimant had retired from the Employer. (ROA p. 50)

During his tenure with the Employer, the claimant was consistently informed of elevated triglycerides and the need to correct the same.

On February 12, 2008, claimant's annual examining physician assessed elevated triglycerides and was ordered to adopt a low fat diet. (ROA pp. 51-57)

On March 9, 2009, the claimant was informed of the need to correct elevated triglyceride and cholesterol levels. (ROA pp. 58-65)

On February 22, 2010, the claimant was informed of abnormal lab results which included low HDL findings. (ROA pp. 66-72)

On January 24, 2011, the claimant was informed of the need to correct elevated triglycerides, which were at 159, and the claimant was again advised to have a low fat diet. (ROA pp. 73-81)

On April 9, 2012, the claimant was again informed of the need to correct elevated triglycerides, which had risen to 181 since the last examination, and was advised to have a low

1 fat diet and increased “cardio + 4 gm/day omega 2.” (ROA pp. 82-91)

2 Claimant retired on December 29, 2012.

3 The claimant was hospitalized at the Summerlin Hospital Medical Center from May 29,  
4 2019, through June 4, 2019. Dr. Chaudry performed cardiac catheterization procedures on June 3,  
5 2019, which included stent and diagonal placement. It was noted that claimant had a history of  
6 asthma, hypothyroidism, and hypertension. Claimant’s triglycerides were noted as being 348,  
7 almost double what they were in 2012 when he was last informed to correct the same. (ROA pp.  
8 92-118; 70)

9 On June 13, 2019, the adjuster sent a letter of introduction which asked the claimant to  
10 execute attached medical release and history forms. (ROA pp. 119-123)

11 On June 20, 2019, the claimant executed a medical release and noted that in 2015, he was  
12 diagnosed with high blood pressure, and was on medication for the same. (ROA pp. 124-127)

13 On July 23, 2019, a claim denial determination was issued. (ROA pp. 128-131)

14 On July 31, 2019, the claimant’s counsel issued a letter of representation. (ROA p. 132)

15 On August 1, 2019, the adjuster acknowledged the claimant’s counsel’s letter of  
16 representation. (ROA p. 133)

17 On August 7, 2019, the claimant appealed the claim denial determination. (ROA p. 134)

18 On August 9, 2019, the claimant’s counsel was provided copies of the claim file and was  
19 informed of copy charges associated therewith. (ROA p. 135)

20 Following Hearing No. 2001960-JK, a Decision and Order was issued on September 17,  
21 2019, which affirmed the denial of the claim. (ROA pp. 136-137.) Claimant appealed. (ROA p.  
22 138.)

23 On July 27, 2020, after receiving written briefs, the Appeals Officer for Appeal Number  
24 2004526-DM affirmed claim denial based on claimant’s failure to correct conditions which were  
25 predisposing him to heart disease. (ROA pp. 3-12)

26 This Petition for Judicial Review of the Appeals Officer’s July 27, 2020 Decision ensues.

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IV.

**JURISDICTION**

**A. Standard Of Review**

Judicial review of a final decision of an agency is governed by NRS 233B.135.

**NRS 233B.135 Judicial review: Manner of conducting; burden of; standard for review.**

1. Judicial review of a final decision of an agency must be:

- (a) Conducted by the court without a jury; and
- (b) Confined to the record.

In cases concerning alleged irregularities in procedure before an agency that are not shown in the record, the court may receive evidence concerning the irregularities.

2. The final decision of the agency shall be deemed reasonable and lawful until reversed or set aside in whole or in part by the court. The burden of proof is on the party attacking or resisting the decision to show that the final decision is invalid pursuant to subsection 3.

3. The court shall not substitute its judgment for that of the agency as to the weight of evidence on a question of fact. The court may remand or affirm the final decision or set it aside in whole or in part if substantial rights of the petitioner have been prejudiced because the final decision of the agency is:

- (a) In violation of constitutional or statutory provisions;
- (b) In excess of the statutory authority of the agency;
- (c) Made upon unlawful procedure;
- (d) Affected by other error of law;
- (e) Clearly erroneous in view of the reliable, probative and substantial evidence on the whole record; or
- (f) Arbitrary or capricious or characterized by abuse of discretion.

The standard of review is whether there is substantial evidence to support the underlying decision. The reviewing court should limit its review of administrative decisions to determine if they are based upon substantial evidence. North Las Vegas v. Public Service Comm'n., 83 Nev. 278, 291, 429 P.2d 66 (1967); McCracken v. Fancy, 98 Nev. 30, 639 P.2d 552 (1982). Substantial

1 evidence is that quantity and quality of evidence which a reasonable man would accept as  
2 adequate to support a conclusion. See, Maxwell v. SIIS, 109 Nev. 327, 331, 849 P.2d 267, 270  
3 (1993); and Horne v. SIIS, 113 Nev. 532, 537, 936 P.2d 839 (1997).

4 When reviewing administrative court decisions, the Court has held that, on factual  
5 determinations, the findings and ultimate decisions of an appeals officer are not to be disturbed  
6 unless they are clearly erroneous or otherwise amount to an abuse of discretion. Nevada Industrial  
7 Comm'n. v. Reese, 93 Nev. 115, 560 P.2d 1352 (1977). An administrative determination  
8 regarding a question of fact will not be set aside unless it is against the manifest weight of the  
9 evidence. Nevada Indus. Comm'n. v. Hildebrand, 100 Nev. 47, 51, 675 P.2d 401 (1984). A  
10 decision by an appeals officer that is based upon the credibility of Respondent and other witnesses  
11 is "not open to appellate review." Brocas v. Mirage Hotel & Casino, 109 Nev. 579, 585, 854 P.2d  
12 862, 867 (1993).

13 In determining whether an administrative decision is supported by substantial evidence, the  
14 methodology of the District Court is also well-defined. First, for each issue appealed, the  
15 pertinent rule of law is identified. Thereafter, the Record on Appeal is reviewed to determine  
16 whether the agency's decision on each issue is supported by substantial factual evidence. State  
17 Dep't of Motor Vehicles v. Torres, 105 Nev. 558, 560, 799 P.2d 959, 960-961 (1989).

18 If the decision of the administrative agency on the appealed issue is supported by  
19 substantial factual evidence in the Record on Appeal, the District Court must affirm the decision  
20 of the agency as to that issue. On the other hand, a decision by an administrative agency that lacks  
21 support in the form of substantial evidence is arbitrary or capricious and, thus, an abuse of  
22 discretion that warrants reversal. NRS 233B.135(3); Titanium Metals Corp. v. Clark County, 99  
23 Nev. 397, 399, 663 P.2d 355, 357 (1983).

24 Substantial evidence has been defined as that quantity and quality of evidence which a  
25 reasonable man could accept as adequate to support a conclusion. State Emp't Sec. Dep't v.  
26 Hilton Hotels Corp., 102 Nev. 606, 608 at n.1, 729 P.2d 497 (1986). Additionally, substantial  
27 evidence is not to be considered in isolation from opposing evidence, but evidence that survives  
28 whatever in the record fairly detracts from its weight. Universal Camera Corp. v. NLRB, 340 U.S.

1 474, 477, 488 (1951); Container Stevedoring Co. v. Director, OWCP, 935 F.2d 1544, 1546 (9<sup>th</sup>  
2 Cir. 1991). This latter point is clearly the significance of the requirement in NRS 233B.135(3)(e)  
3 which states that the reviewing court consider the whole record.

4 While the Court is not required to give deference to pure legal questions determined by the  
5 agency, those conclusions of the agency which are “closely related to the agency’s view of the  
6 facts, are entitled to deference, and will not be disturbed if they are supported by substantial  
7 evidence.” Jones v. Rosner, 102 Nev. 215, 217, 719 P.2d 805, 806 (1986).

8 V.

9 **LEGAL ARGUMENT**

10 A. **Standard at the Appeals Officer Level**

11 It is the Petitioner, not the Respondents, who has the burden of proving his case, and that is  
12 by a preponderance of all the evidence. State Industrial Insurance System v. Hicks, 100 Nev. 567,  
13 688 P.2d 324 (1984); Holley v. State ex rel. Wyoming Worker's Compensation Div., 798 P.2d 323  
14 (1990); Hagler v. Micron Technology, Inc., 118 Idaho 596, 798 P.2d 55 (1990).

15 In attempting to prove his case, the Petitioner has the burden of going beyond speculation  
16 and conjecture. That means that the Petitioner must establish the work connection of his injuries,  
17 the causal relationship between the work-related injury and his disability, the extent of his  
18 disability, and all facets of the claim by a preponderance of all of the evidence. To prevail, a  
19 Petitioner must present and prove more evidence than an amount which would make his case and  
20 his opponent's “evenly balanced.” Maxwell v. SIIS, 109 Nev. 327, 849 P.2d 267 (1993); SIIS v.  
21 Khweiss, 108 Nev. 123, 825 P.2d 218 (1992); SIIS v. Kelly, 99 Nev. 774, 671 P.2d 29 (1983); 3,  
22 A. Larson, The Law of Workmen's Compensation, § 80.33(a).

23 NRS 616A.010 makes it clear that:

24 A claim for compensation filed pursuant to the provisions of this  
25 chapter or chapter 617 of NRS must be decided on its merits and not  
26 according to the principle of common law that requires statutes  
governing worker's compensation to be liberally construed because  
they are remedial in nature.

27 ...

28 ...

1           **B.       Substantial Evidence Supports The Appeals Officer's Decision**

2           In the instant Petition, claimant has alleged a factual error with the Appeals Officer's  
3 Decision. Claimant alleges that the Appeals Officer did not properly weigh the evidence with  
4 respect to whether he corrected or even attempted to correct conditions which were predisposing  
5 him to heart disease. However, as noted above, NRS 233B.135 provides that this Court "shall not  
6 substitute its judgment for that of the agency as to the weight of evidence on a question of fact."  
7 Indeed, the Supreme Court has opined that this Court should review factual questions for clear  
8 error only and must affirm the Appeals Officer if substantial evidence supports the same. Rosner,  
9 Id.

10           As for claimant's actual arguments, claimant is making the exact same arguments to this  
11 Court that were presented to the Appeals Officer, arguments which the Appeals Officer ultimately  
12 found lacking. However, before addressing those allegations of error, it is important to understand  
13 the legal framework of police officer heart claims under NRS 617.457 as they are indeed quite  
14 unique. That statute provides as follows:

15                   **NRS 617.457 Heart diseases as occupational diseases of**  
16                   **firefighters, arson investigators and police officers.**

17                   1. Notwithstanding any other provision of this chapter,  
18 diseases of the heart of a person who, for 2 years or more, has been  
19 employed in a full-time continuous, uninterrupted and salaried  
20 occupation as a firefighter, arson investigator or police officer in this  
21 State before the date of disablement are conclusively presumed to  
22 have arisen out of and in the course of the employment if the disease  
23 is diagnosed and causes the disablement:

24                   (a) During the course of that employment;

25                   (b) If the person ceases employment before completing 20 years  
26 of service as a police officer, firefighter or arson investigator, during  
27 the period after separation from employment which is equal to the  
28 number of years worked; or

                 (c) If the person ceases employment after completing 20 years  
or more of service as a police officer, firefighter or arson  
investigator, at any time during the person's life.

                 Ê Service credit which is purchased in a retirement system must not  
be calculated towards the years of service of a person for the  
purposes of this section.

2. Frequent or regular use of a tobacco product within 1 year, or a material departure from a physician's prescribed plan of care by a person within 3 months, immediately preceding the filing of a claim for compensation excludes a person who has separated from service from the benefit of the conclusive presumption provided in subsection 1.

3. Notwithstanding any other provision of this chapter, diseases of the heart, resulting in either temporary or permanent disability or death, are occupational diseases and compensable as such under the provisions of this chapter if caused by extreme overexertion in times of stress or danger and a causal relationship can be shown by competent evidence that the disability or death arose out of and was caused by the performance of duties as a volunteer firefighter by a person entitled to the benefits of chapters 616A to 616D, inclusive, of NRS pursuant to the provisions of NRS 616A.145 and who, for 5 years or more, has served continuously as a volunteer firefighter in this State by continuously maintaining an active status on the roster of a volunteer fire department.

4. Except as otherwise provided in subsection 5, each employee who is to be covered for diseases of the heart pursuant to the provisions of this section shall submit to a physical examination, including an examination of the heart, upon employment, upon commencement of coverage and thereafter on an annual basis during his or her employment.

5. During the period in which a volunteer firefighter is continuously on active status on the roster of a volunteer fire department, a physical examination for the volunteer firefighter is required:

(a) Upon employment;

(b) Upon commencement of coverage; and

(c) Once every 3 years after the physical examination that is required pursuant to paragraph (b),

Ê until the firefighter reaches the age of 50 years. Each volunteer firefighter who is 50 years of age or older shall submit to a physical examination once every 2 years during his or her employment.

6. The employer of the volunteer firefighter is responsible for scheduling the physical examination. The employer shall mail to the volunteer firefighter a written notice of the date, time and place of the physical examination at least 10 days before the date of the physical examination and shall obtain, at the time of mailing, a certificate of mailing issued by the United States Postal Service.

7. Failure to submit to a physical examination that is scheduled by his or her employer pursuant to subsection 6 excludes the volunteer firefighter from the benefits of this section.

8. The chief of a volunteer fire department may require an

applicant to pay for any physical examination required pursuant to this section if the applicant:

(a) Applies to the department for the first time as a volunteer firefighter; and

(b) Is 50 years of age or older on the date of his or her application.

9. The volunteer fire department shall reimburse an applicant for the cost of a physical examination required pursuant to this section if the applicant:

(a) Paid for the physical examination in accordance with subsection 8;

(b) Is declared physically fit to perform the duties required of a firefighter; and

(c) Becomes a volunteer with the volunteer fire department.

10. Except as otherwise provided in subsection 8, all physical examinations required pursuant to subsections 4 and 5 must be paid for by the employer.

**11. Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to a physical examination required pursuant to subsection 4 or 5 excludes the employee from the benefits of this section if the correction is within the ability of the employee.**

12. A person who is determined to be:

(a) Partially disabled from an occupational disease pursuant to the provisions of this section; and

(b) Incapable of performing, with or without remuneration, work as a firefighter, arson investigator or police officer,

Ê may elect to receive the benefits provided under NRS 616C.440 for a permanent total disability.

13. Claims filed under this section may be reopened at any time during the life of the claimant for further examination and treatment of the claimant upon certification by a physician of a change of circumstances related to the occupational disease which would warrant an increase or rearrangement of compensation.

14. A person who files a claim for a disease of the heart specified in this section after he or she retires from employment as a firefighter, arson investigator or police officer is not entitled to receive any compensation for that disease other than medical benefits.

1           15. The Administrator shall review a claim filed by a claimant  
2 pursuant to this section that has been in the appeals process for  
3 longer than 6 months to determine the circumstances causing the  
4 delay in processing the claim. As used in this subsection, "appeals  
5 process" means the period of time that:

6           (a) Begins on the date on which the claimant first files or  
7 submits a request for a hearing or an appeal of a determination  
8 regarding the claim; and

9           (b) Continues until the date on which the claim is adjudicated to  
10 a final decision.

11           16. Except as otherwise provided in this subsection, if an  
12 employer, insurer or third-party administrator denies a claim that  
13 was filed pursuant to this section and the claimant ultimately  
14 prevails, the Administrator may order the employer, insurer or third-  
15 party administrator, as applicable, to pay to the claimant a benefit  
16 penalty of not more than \$200 for each day from the date on which  
17 an appeal is filed until the date on which the claim is adjudicated to  
18 a final decision. Such benefit penalty is payable in addition to any  
19 benefits to which the claimant is entitled under the claim and any  
20 fines and penalties imposed by the Administrator pursuant to NRS  
21 616D.120. If a hearing before a hearing officer is requested pursuant  
22 to NRS 616C.315 and held pursuant to NRS 616C.330, the  
23 employer, insurer or third-party administrator, as applicable, shall  
24 pay to the claimant all medical costs which are associated with the  
25 occupational disease and are incurred from the date on which the  
26 hearing is requested until the date on which the claim is adjudicated  
27 to a final decision. If the employer, insurer or third-party  
28 administrator, as applicable, ultimately prevails, the employer,  
insurer or third-party administrator, as applicable, is entitled to  
recover the amount paid pursuant to this subsection in accordance  
with the provisions of NRS 616C.138.

(emphasis added)

          In almost every other workers' compensation context, a claimant must prove by a  
preponderance of the evidence that their injury/occupational disease arose out of the course and  
scope of their employment before they are entitled to any workers' compensation benefits.  
However, NRS 617.457 waives that work relatedness requirement and allows police officers and  
firefighters to enjoy a conclusive presumption of claim compensability if the claimant can prove  
that: (1) he/she has at least two years of qualifying employment; (2) a "disease of the heart" has  
been diagnosed; and (3) that disease of the heart was disabling.

          However, there is a final consideration under NRS 617.457(11) regarding conditions which  
are predisposing claimant's to heart disease. To be eligible for benefits under NRS 617.457,

1 claimants must participate in yearly examinations which are provided by the employer. If at that  
2 yearly examination, the examining physician identifies a condition which is predisposing the  
3 claimant to heart disease and orders the claimant to correct the same in writing, it is incumbent  
4 upon the claimant to at least attempt to correct the same or risk exclusion of benefits under NRS  
5 617.457. If the claimant does not correct the predisposing condition or at least make a good faith  
6 effort to attempt to correct the condition, the claimant is not entitled to any benefits under NRS  
7 617.457.

8 Here, Respondents do not dispute that claimant has been diagnosed with a heart disease,  
9 that he was disabled by his heart disease, or that he has the necessary service with the Las Vegas  
10 Metropolitan Police Department. Indeed, the Appeals Officer properly concluded that claimant has  
11 made the necessary initial showing to qualify for the conclusive presumption of claim  
12 compensability afforded by NRS 617.457. However, under NRS 617.457(11), claimants are  
13 excluded from that conclusive presumption if their annual examining physician orders them in  
14 writing to correct a condition which predisposes them to heart disease, they fail to correct the  
15 condition, and fail to prove that correction was not within their ability.

16 The Nevada Supreme Court has addressed this topic in the case of Emplrs. Ins. Co. of Nev.  
17 v. Daniels, 122 Nev. 1009, 145 P.3d 1024 (2006), holding that “[a]n employer can defend a claim  
18 by showing that the employee failed to correct a predisposing condition, such as smoking or being  
19 overweight, after being warned to do so in writing.” If the employer can make that showing, per  
20 the last clause of NRS 617.457(11), it is then incumbent upon the claimant to prove that correction  
21 of the predisposing condition was not within his/her ability.

22 Indeed, if the claimant can submit evidence showing that, despite a good faith attempt to  
23 correct the condition, the predisposing condition persisted, then the claimant may be able to rebut  
24 the employer’s defense and prove that correction was not within his/her ability. Whether or not the  
25 claimant’s efforts were earnest, sustained, in good faith, and indeed whether the claimant has  
26 proven that correction was not within his/her ability is a consideration for the Appeals Officer.

27 Legislative history bears this out as well. During the March 29, 2017 meeting of the  
28 Assembly Committee on Commerce and Labor, testimony was had regarding the history of

1 workers' compensation in this state as substantive amendments to the Nevada Industrial Insurance  
2 Act ("NIIA") were being proposed. In that context, the Executive Secretary-Treasurer of the  
3 Nevada State AFL-CIO, Rusty McAlister, explained as follows:

4           There are benefits covered in NRS Chapter 617, which are about  
5           occupational diseases. The provisions within that section of the  
6           statute apply only to police, firefighters, and emergency medical  
7           technicians. There are heart and lung benefits for firefighters and  
8           police officers. This is not a new concept. The benefits for  
9           firefighters for lung disease were put in the statutes in 1965 and  
10          heart disease in 1969. In 1975, police officers were added to both of  
11          those benefits. If the employees comply with the requirements of the  
12          statute, they will be eligible for the benefits. **The requirements  
13          include being employed for five years, having an annual  
14          physical, and making good-faith efforts to correct any  
15          predisposing conditions that are within his or her ability to  
16          correct.** If the employee meets these requirements and has a heart or  
17          lung problem, it is conclusively presumed that he or she is eligible  
18          for these benefits.

19 (emphasis added)

20           Thus, under NRS 617. 457(11), it is the employer's burden to make a showing that the  
21          claimant "failed to correct a predisposing condition, such as smoking or being overweight, after  
22          being warned to do so in writing." Daniels, Id. If the employer can make such a showing, the  
23          burden flips back to the claimant to attempt to prove that correction of the predisposing condition  
24          was not within the claimant's ability. To make that showing, claimants must submit *some*  
25          evidence of a good faith attempt to correct the condition. In other words, the claimant must  
26          convince the trier of fact that he/she legitimately tried to correct the predisposing conditions but  
27          could not despite his/her best efforts.

28           Here, the claimant has failed to meet the requirements for coverage under NRS 617.457  
29          due to the claimant's history of failure to correct predisposing factors/conditions on a continuous  
30          basis, despite being warned on multiple occasions that failure to do so could result in exclusion  
31          from the benefits of the statute (after his retirement, the claimant admits that he has been  
32          diagnosed with high blood pressure in 2015 and is/was taking medication for the same).

33           Between 2008 and 2012, claimant was consistently warned about his high triglycerides and  
34          ordered to correct the same. Indeed, in 2011, claimant was warned in writing to lower his  
35          triglycerides, which were at 159. *Claimant, however, not only failed to do this, but in 2012, his*

1 *triglycerides were even higher, at 181.* Claimant was again notified in writing of the need to lower  
2 this figure. Then, according to the hospital records from 2019 when he filed the claim, claimant's  
3 triglycerides were noted to be 348, almost *double* what they were in 2012.

4 There is no evidence that claimant took *any* steps to either correct his preexisting  
5 conditions or even attempt to improve his health. Indeed, although claimant was assessed with  
6 high blood pressure in 2015 and he began taking medication for the same, there is no indication  
7 that claimant has done *anything* to lower his triglycerides which he has been informed are  
8 predisposing him to heart disease.

9 As was found by the Appeals Officer, it is undisputed that in the years before his  
10 retirement, claimant was ordered to correct his triglycerides and was explicitly informed that  
11 failure to correct the same would exclude him from benefits under NRS 617.457. It is also  
12 undisputed that claimant's triglycerides were almost two times more when he filed this claim and  
13 there is no evidence that claimant took any steps to correct the same. The Appeals Officer's  
14 decision was proper and supported by substantial evidence.

15 **C. Response to Claimant's Arguments**

16 Claimant's main argument is that "[b]ased upon the annual physicals, Petitioner took  
17 appropriate measures, whenever instructed to do so, to correct any predisposing conditions that  
18 required corrective action that led to his occupationally related heart disease." (Opening Brief p.  
19 12) However, not only is that statement demonstrably false, it evades the actual question which  
20 was before the Appeals Officer. First and foremost, there is absolutely no evidence whatsoever  
21 that claimant took *any* measures to correct his predisposing conditions between 2008 and 2012.  
22 Nothing. Not a follow appointment record with his personal physician, not a word of testimony  
23 from claimant about any steps he took to try and correct the conditions, not even a receipt for  
24 medication. Nothing. It is disingenuous to claim otherwise.

25 Second, and more importantly, the question before the Appeals Officer was whether  
26 claimant had corrected his predisposing conditions *at the time of the claim*. Clearly he had not as  
27 his triglycerides were extremely high.

28

1 Finally, it should be noted that claimant has argued that he went on medication control  
2 between 2012 and when he filed this claim. However, the only evidence of claimant's medication  
3 control is for hypertension. There is zero evidence that claimant did *anything* to control his  
4 triglycerides.

5 Put simply, Employer and indeed NRS 617.457 only ask that employees make a good faith  
6 effort to correct conditions which are predisposing them to heart disease if they desire to avail  
7 themselves of the protections afforded by the statute. If a claimant can show a documented,  
8 concerted, and indeed a good faith effort to take control of their own health and attempt to prevent  
9 potentially life threatening heart conditions, that is all that is asked when predisposing conditions  
10 are concerned. Here, there was no evidence of an effort to control the conditions. Claimant was  
11 warned for multiple years prior to his retirement that his elevated triglycerides were predisposing  
12 him to heart disease. And then, when he actually did have a heart attack, his triglycerides were  
13 twice what they were when he was instructed to correct them. Claimant was warned in writing by  
14 an annual examining physician that his elevated triglycerides were placing him at risk for heart  
15 disease and he was ordered to correct the same. Without evidence of at least an attempt to correct  
16 and considering how high claimant's triglycerides were when he filed this claim, the Appeals  
17 Officer had more than substantial evidence to conclude that claimant was excluded from the  
18 benefits of NRS 617.457 by operation of subsection (11). This Petition should be denied.

19 VI.

20 CONCLUSION

21 Based upon the foregoing, the Appeals Officer's Decision and Order was appropriate. The  
22 Appeals Officer's Decision and Order was based on sound legal theories and factual conclusions  
23 that are amply supported by the record.

24 ...

25 ...

26 ...

1           Therefore, Respondents respectfully ask this Court to affirm the Appeals Officer's  
2 Decision and Order and deny Petitioner's Petition for Judicial Review.

3                     Dated this   1   day of February 2021.

4                                     Respectfully submitted,

5                                     **LEWIS, BRISBOIS, BISGAARD & SMITH,**  
6                                     **LLP**

7                                     /S/ Joel P. Reeves, Esq.  
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1 **CERTIFICATE OF COMPLIANCE**

2 I hereby certify that I have read this appellate brief and, to the best of my knowledge,  
3 information, and belief, it is not frivolous or interposed for any improper purpose. I further certify  
4 that this brief complies with all applicable Nevada Rules of Appellate Procedure, in particular  
5 NRAP 28(e), which requires every assertion in the brief regarding matters in the record to be  
6 supported by appropriate references to the record on appeal. I understand that I may be subject to  
7 sanctions in the event that the accompanying brief is not in conformity with the requirements of  
8 the Nevada Rules of Appellate procedure.

9 Dated this 1 of February, 2021.

10 Respectfully submitted,

11 LEWIS BRISBOIS BISGAARD & SMITH LLP

12  
13 By /S/ Joel P. Reeves, Esq.

14 DANIEL L. SCHWARTZ, ESQ. (005125)  
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19  
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27  
28

**CERTIFICATE OF MAILING**

Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on the 1st day of February 2021, service of the attached **RESPONDENTS' ANSWERING BRIEF** was made this date by depositing a true copy of the same for mailing, first class mail and electronic service, as follows:

LISA M. ANDERSON  
GREENMAN, GOLDBERG, RABY & MARTINEZ  
2770 S MARYLAND PKWY SUITE 100  
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LVMPD- HEALTH DETAIL  
ATTN: BERNADINE WELSH  
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CCMSI  
ATTN: STEPHANIE MACY  
P.O. BOX 35350  
LAS VEGAS, NV 89133

/s/ Stephanie Jensen  
An employee of LEWIS BRISBOIS BISGAARD &  
SMITH LLP

1 **ORDR**

2  
3 **DISTRICT COURT**  
4 **CLARK COUNTY, NEVADA**

5 \*\*\*\*\*

6  
7 **ROBERT HOLLAND,**

8 **Petitioner,**

9 **v.**

10 **LAS VEGAS METROPOLITAN POLICE**  
11 **DEPARTMENT, CANNON COCHRAN**  
12 **MANAGEMENT SERVICES, INC., and THE**  
13 **DEPARTMENT OF ADMINISTRATION,**  
14 **HEARINGS DIVISION, APPEALS OFFICE,**  
15 **an Agency of the State of Nevada,**

16 **Respondents.**

**CASE NO. A-20-818754-J**

**DEPARTMENT XXI**

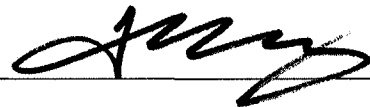
**ORDER SETTING BRIEFING SCHEDULE**  
**AND HEARING DATE**

17 Petitioner filed his Petition for Judicial Review on July 29, 2020 and filed the Opening Brief  
18 on December 29, 2020. Respondents LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
19 ("LVMPD") and CANNON COCHRAN MANAGEMENT SERVICES, INC ("CCMSI") filed its  
20 Notice of Intent to Participate on August 25, 2020, and its Answer on February 1, 2021. The Record  
on Appeal was filed on November 20, 2020.

21 **IT IS HEREBY ORDERED** that the Petitioner shall have to and including Wednesday,  
22 March 3, 2021 within which to file and serve a Reply Brief.

23 **IT IS FURTHER ORDERED** that the matter is set for hearing in District Court,  
24 Department XXI, on March 10, 2021 at 2:00 p.m. via BlueJeans.

25 **Dated this 2nd day of February, 2021**

26 

27 **718 E25 9C7E B262**  
28 **Tara Clark Newberry**  
**District Court Judge**

TARA CLARK NEWBERRY  
DISTRICT JUDGE  
DEPARTMENT XXI

**BLUEJEANS INFORMATION:**

**Meeting URL:** <https://bluejeans.com/592305529>

**Meeting ID:** 592 305 529

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(See all numbers - <https://www.bluejeans.com/numbers>)

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1 **CSERV**

2  
3 DISTRICT COURT  
4 CLARK COUNTY, NEVADA

5  
6 Robert Holland, Petitioner(s) | CASE NO: A-20-818754-J  
7 vs. | DEPT. NO. Department 21  
8 Las Vegas Metropolitan Police  
9 Department, Respondent(s)

10  
11 **AUTOMATED CERTIFICATE OF SERVICE**

12 This automated certificate of service was generated by the Eighth Judicial District  
13 Court. The foregoing Order was served via the court's electronic eFile system to all  
14 recipients registered for e-Service on the above entitled case as listed below:

15 Service Date: 2/2/2021

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**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

ROBERT HOLLAND,  
  
Petitioner

vs.

LAS VEGAS METROPOLITAN POLICE  
DEPARTMENT, CCMSI, and THE  
DEPARTMENT OF ADMINISTRATION,  
HEARINGS DIVISION,

Respondents.

)  
)  
)  
)  
) CASE NO. : A-20-818754-J  
) DEPT. NO. : XXI

**PETITIONER'S REPLY BRIEF**

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ACCIDENT INJURY ATTORNEYS

I.

**ARGUMENT IN REPLY TO RESPONDENT'S ANSWERING BRIEF**

Petitioner respectfully submits the following Reply to Respondent's Answering Brief. In its Answering Brief, Respondent claims that claim denial was proper because Petitioner allegedly failed to correct predisposing conditions when notified in writing that were within his ability to correct as outlined in NRS 617.457(11). Respondent's argument is not supported by the facts, and Petitioner alleges that the Appeals Officer's ruling lacks support in the form of substantial evidence and is clearly arbitrary and capricious and thus an abuse of discretion that warrants reversal.

**A. Petitioner Maintains That, To The Best Of His Ability, He Corrected The Predisposing Condition That He Was Made Aware Of In Writing Following His 2012 Retirement.**

The question this Court must answer is what qualifies as a failure to correct predisposing conditions when ordered to do so in written and that are within one's ability to correct. Respondent presents a narrative that so much as one (1) point over the recommended "normal" level should disqualify Petitioner from coverage under NRS 617.457. Petitioner submits as proof that he took corrective action to lower his elevated triglycerides by pointing to the same annual physicals Respondent cites to between 2008 and 2012. These physical verify minimally elevated triglyceride levels that fluctuated slightly during this period. This period fails to show negligent behavior that should eliminate the conclusive presumption for claim compensability that Petitioner attained.

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///

**NRS 617.457 Heart diseases as occupational diseases of firefighters, arson investigators and police officers.**

1. Notwithstanding any other provision of this chapter, diseases of the heart of a person who, for 2 years or more, has been employed in a full-time continuous, uninterrupted and salaried occupation as a firefighter, arson investigator or police officer in this State before the date of disablement are conclusively presumed to have arisen out of and in the course of the employment if the disease is diagnosed and causes the disablement:

(a) During the course of that employment;

(b) If the person ceases employment before completing 20 years of service as a police officer, firefighter or arson investigator, during the period after separation from employment which is equal to the number of years worked; or

(c) If the person ceases employment after completing 20 years or more of service as a police officer, firefighter or arson investigator, at any time during the person's life.

È Service credit which is purchased in a retirement system must not be calculated towards the years of service of a person for the purposes of this section.

2. Frequent or regular use of a tobacco product within 1 year, or a material departure from a physician's prescribed plan of care by a person within 3 months, immediately preceding the filing of a claim for compensation excludes a person who has separated from service from the benefit of the conclusive presumption provided in subsection 1.

3. Notwithstanding any other provision of this chapter, diseases of the heart, resulting in either temporary or permanent disability or death, are occupational diseases and compensable as such under the provisions of this chapter if caused by extreme overexertion in times of stress or danger and a causal relationship can be shown by competent evidence that the disability or death arose out of and was caused by the performance of duties as a volunteer firefighter by a person entitled to the benefits of chapters 616A to 616D, inclusive, of NRS pursuant to the provisions of NRS 616A.145 and who, for 5 years or more, has served continuously as a volunteer firefighter in this State by continuously maintaining an active status on the roster of a volunteer fire department.

4. Except as otherwise provided in subsection 5, each employee who is to be covered for diseases of the heart pursuant to the provisions of this section shall submit to a physical examination, including an examination of the heart, upon employment, upon commencement of coverage and thereafter on an annual basis during his or her employment.

1           5. During the period in which a volunteer firefighter is  
2 continuously on active status on the roster of a volunteer fire  
3 department, a physical examination for the volunteer firefighter is  
4 required:

5           (a) Upon employment;

6           (b) Upon commencement of coverage; and

7           (c) Once every 3 years after the physical examination that is  
8 required pursuant to paragraph (b), until the firefighter reaches the  
9 age of 50 years. Each volunteer firefighter who is 50 years of age  
10 or older shall submit to a physical examination once every 2 years  
11 during his or her employment.

12          6. The employer of the volunteer firefighter is responsible  
13 for scheduling the physical examination. The employer shall mail  
14 to the volunteer firefighter a written notice of the date, time and  
15 place of the physical examination at least 10 days before the date  
16 of the physical examination and shall obtain, at the time of  
17 mailing, a certificate of mailing issued by the United States Postal  
18 Service.

19          7. Failure to submit to a physical examination that is  
20 scheduled by his or her employer pursuant to subsection 6  
21 excludes the volunteer firefighter from the benefits of this section.

22          8. The chief of a volunteer fire department may require an  
23 applicant to pay for any physical examination required pursuant  
24 to this section if the applicant:

25           (a) Applies to the department for the first time as a volunteer  
26 firefighter; and

27           (b) Is 50 years of age or older on the date of his or her  
28 application.

          9. The volunteer fire department shall reimburse an  
applicant for the cost of a physical examination required pursuant  
to this section if the applicant:

          (a) Paid for the physical examination in accordance with  
subsection 8;

          (b) Is declared physically fit to perform the duties required of  
a firefighter; and

          (c) Becomes a volunteer with the volunteer fire department.

10. Except as otherwise provided in subsection 8, all  
physical examinations required pursuant to subsections 4 and 5  
must be paid for by the employer.

11. Failure to correct predisposing conditions which lead to  
heart disease when so ordered in writing by the examining  
physician subsequent to a physical examination required pursuant  
to subsection 4 or 5 excludes the employee from the benefits of  
this section if the correction is within the ability of the employee.

12. A person who is determined to be:

(a) Partially disabled from an occupational disease pursuant to the provisions of this section; and

(b) Incapable of performing, with or without remuneration, work as a firefighter, arson investigator or police officer, may elect to receive the benefits provided under NRS 616C.440 for a permanent total disability.

13. Claims filed under this section may be reopened at any time during the life of the claimant for further examination and treatment of the claimant upon certification by a physician of a change of circumstances related to the occupational disease which would warrant an increase or rearrangement of compensation.

14. A person who files a claim for a disease of the heart specified in this section after he or she retires from employment as a firefighter, arson investigator or police officer is not entitled to receive any compensation for that disease other than medical benefits.

15. The Administrator shall review a claim filed by a claimant pursuant to this section that has been in the appeals process for longer than 6 months to determine the circumstances causing the delay in processing the claim. As used in this subsection, "appeals process" means the period of time that:

(a) Begins on the date on which the claimant first files or submits a request for a hearing or an appeal of a determination regarding the claim; and

(b) Continues until the date on which the claim is adjudicated to a final decision.

16. Except as otherwise provided in this subsection, if an employer, insurer or third-party administrator denies a claim that was filed pursuant to this section and the claimant ultimately prevails, the Administrator may order the employer, insurer or third-party administrator, as applicable, to pay to the claimant a benefit penalty of not more than \$200 for each day from the date on which an appeal is filed until the date on which the claim is adjudicated to a final decision. Such benefit penalty is payable in addition to any benefits to which the claimant is entitled under the claim and any fines and penalties imposed by the Administrator pursuant to NRS 616D.120. If a hearing before a hearing officer is requested pursuant to NRS 616C.315 and held pursuant to NRS 616C.330, the employer, insurer or third-party administrator, as applicable, shall pay to the claimant all medical costs which are associated with the occupational disease and are incurred from the date on which the hearing is requested until the date on which the claim is adjudicated to a final decision. If the employer, insurer or third-party administrator, as applicable, ultimately prevails, the employer, insurer or third-party administrator, as applicable, is

1 entitled to recover the amount paid pursuant to this subsection in  
2 accordance with the provisions of NRS 616C.138.

3 (Added to NRS by 1969, 592; A 1973, 768; 1981,  
4 623, 851; 1983, 459; 1987, 1424; 1989, 1021; 2005, 346; 2009,  
5 547, 749; 2011, 584; 2015, 2429, 2431; 2017, 3894)

6 Petitioner argues that substantial evidence supports his position regarding the correction  
7 of predisposing conditions. Respondent suggests that there was no evidence that Petitioner took  
8 "any measures to correct his predisposing conditions between 2008 and 2012. Noting."  
9 Respondent demands Petitioner "must submit some evidence of a good faith attempt to correct  
10 the condition." The mere existence of an elevated level does not rebut Petitioner's conclusive  
11 presumption for claim compensability under NRS 617.456. Petitioner refers this Court to the  
12 actual triglyceride levels from 2008 to 2012 as confirmation of "good faith" efforts to correct  
13 his elevated triglycerides. Again, Petitioner was never told to lose weight, which confirms that  
14 he was in excellent physical condition.

	2008	2009	2010	2011	2012
15 Triglycerides	175	177	130	159	181

16 Here, the "normal" triglyceride level is set at 150. Petitioner's 2008 annual physical  
17 showed mildly elevated triglycerides (175). Petitioner was notified in writing that his  
18 triglycerides were elevated, and a low-fat diet was encouraged. (ROA page 203)

19 Petitioner's 2009 annual physical showed a slight increase of the previous year's  
20 triglyceride level at 177. However, the only "corrective action" identified by the attending  
21 physician was to use "hearing protection" for his hearing loss. There was no recommendation  
22 for correct action for his triglycerides in 2009. (ROA page 226)

23 ///

24 ///

1 Then in 2010, Petitioner's triglyceride level was 130, below the "normal" designated  
2 number of 150. (ROA page 256) Despite not being advised after his 2009 annual physical to  
3 take correct action to lower his triglycerides, Petitioner, on his own, continued to diligently  
4 adhere to lifestyle changes to lower his triglycerides, which proved very successful in 2010.

5  
6 During the 2011 annual physical, Petitioner was notified that his triglycerides were  
7 mildly elevated at 159. Petitioner was encouraged to adopt a low-fat diet. (ROA pages 276-  
8 277)

9  
10 Finally, Petitioner's 2012 annual physical revealed a slight increase in his triglyceride  
11 level to 181. Petitioner was again encouraged to adopt a low-fat diet and increase cardiovascular  
12 activity. (ROA page 304-305)

13 Respondent's demand for proof of Petitioner's correction of his triglyceride levels is  
14 available within his annual physicals between 2008 and 2012. While Petitioner was not entirely  
15 successful in always keeping his triglycerides below the designated "normal" number, Petitioner  
16 maintains that substantial evidence exists demonstrating a "good faith" effort to correct his  
17 predisposing triglyceride level. Moreover, in each and every annual physical between 2008 and  
18 2012, Petitioner was never told to lose weight, which confirms that he was in excellent physical  
19 condition.  
20

21  
22 Responded submits as proof that Petitioner failed to take steps to correct his predisposing  
23 condition by referencing no personal physician details, no testimony of Petitioner, and no  
24 medication receipts. Petitioner argues that he made lifestyle changes involving diet and exercise  
25 to lower his triglycerides. As part of his occupation, Petitioner remained in top physical  
26 condition. His weight remained consistent without any weight reduction recommendations.  
27  
28 Petitioner engaged in a healthy lifestyle without physician involvement nor a need for prescribed

1 medication. Thus, Respond's demand for documented medical proof is unnecessary. In fact, if  
2 documented medical proof was a requirement to show correction of predisposing conditions,  
3 then NRS 617.457 would demand such documentation.  
4

5 Lastly, Respondent outlines that Petitioner's triglycerides "at the time of the claim" were  
6 "extremely high." While it is accurate that Petitioner's triglycerides were elevated at the time  
7 of the cardiac event and claim filing, this does not qualify statutorily as a rebuttable argument  
8 to the conclusive presumption for claim compensability under NRS 617.457(11). The blood  
9 panel referenced by Respondent was approximately seven (7) years after his retirement.  
10 Unfortunately, there is no laboratory documentation of Petitioner's triglycerides between his  
11 2012 retirement physical and his 2019 cardiac event. Just the same, there is no written  
12 statements of corrective action for this period either. NRS 617.457(11) requires failure to  
13 comply with written corrective action. In light of no written corrective action after 2012, the  
14 2019 triglyceride level detected at the time of the cardiac event that led to the filing of this claim  
15 does not satisfy the requirement set forth under NRS 6517.457(11) to rebut the conclusive  
16 presumption for claim compensability attained by Petitioner.  
17

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II.

CONCLUSION

Since the Appeals Officer's Decision and Order lacks substantial evidentiary support and contains legal errors, as outlined above, Petitioner respectfully requests that this Honorable Court's REVERSE the Appeals Officer July 27, 2020 Decision and Order as outlined above. This matter should be REMANDED to Respondent to accept responsibility for the May 26, 2019 claim for occupational heart disease.

DATED this \_\_\_\_ day of March, 2021.

GREENMAN GOLDBERG RABY & MARTINEZ

By: \_\_\_\_\_  
LISA M. ANDERSON, ESQ.  
Nevada Bar No. 004907  
2770 South Maryland Parkway  
Suite 100  
Las Vegas, Nevada 89109  
(702) 384-1616

**Greenman Goldberg Raby Martinez & Co.**  
ACCIDENT INJURY ATTORNEYS

I understand that I may be subject to sanctions in the event that the accompanying brief is not in conformity with the requirements of the Nevada Rules of Appellate Procedure.

DATED this 2<sup>nd</sup> day of March, 2021.

GREENMAN GOLDBERG RABY & MARTINEZ

By:

LISA M. ANDERSON, ESQ.

Nevada Bar No. 004907

2770 South Maryland Parkway

Suite 100

Las Vegas, Nevada 89109

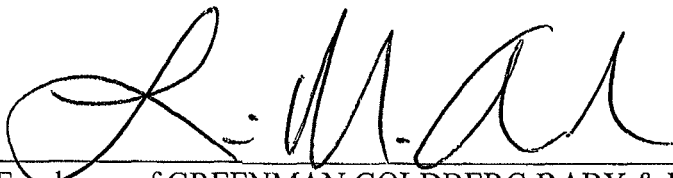
(702) 384-1616

*Attorneys for Petitioner*


CERTIFICATE OF MAILING

I hereby certify that on the 2<sup>nd</sup> day of March, 2021, I deposited a true and correct copy of PETITIONER'S REPLY BRIEF in the U.S. Mail, postage fully prepaid, enclosed in envelopes addressed as follows:

Daniel L. Schwartz, Esq.  
LEWIS BRISBOIS BISGAARD & SMITH  
2300 West Sahara Avenue  
Suite 900, Box 28  
Las Vegas, Nevada 89102  
Attorney for Respondents



An Employee of GREENMAN GOLDBERG RABY & MARTINEZ

Greenman Goldberg Raby Martinez /   
ACCIDENT INJURY ATTORNEYS

DISTRICT COURT  
CLARK COUNTY, NEVADA

Worker's Compensation Appeal

COURT MINUTES

March 10, 2021

---

A-20-818754-J      Robert Holland, Petitioner(s)  
vs.  
Las Vegas Metropolitan Police Department, Respondent(s)

---

March 10, 2021      02:00 PM      Petition for Judicial Review

HEARD BY:      Clark Newberry, Tara      COURTROOM: RJC Courtroom 16C

COURT CLERK: Snow, Grecia

RECORDER:      Page, Robin

REPORTER:

PARTIES PRESENT:

Joel Reeves

Attorney for Respondent

Lisa M Anderson

Attorney for Petitioner

**JOURNAL ENTRIES**

Arguments by counsel regarding whether or not Mr. Holland failed to correct predisposing conditions. COURT ORDERED, matter UNDER ADVISEMENT.

DISTRICT COURT  
CLARK COUNTY, NEVADA

Worker's Compensation Appeal

COURT MINUTES

March 19, 2021

---

A-20-818754-J      Robert Holland, Petitioner(s)  
vs.  
Las Vegas Metropolitan Police Department, Respondent(s)

---

March 19, 2021      03:30 PM      Decision: Petition for Judicial Review

HEARD BY:      Clark Newberry, Tara      COURTROOM: RJC Courtroom 16C

COURT CLERK: Trujillo, Athena

RECORDER:      Page, Robin

REPORTER:

PARTIES PRESENT:

**JOURNAL ENTRIES**

This matter came before this Court on 3/10/21 for Hearing on the 7/29/20 Petitioner Mr. Holland's Petition for Judicial Review. The Court has re-reviewed the 12/29/20 Petitioner's Opening Brief, 2/1/21 Respondent's Answering Brief, and 3/2/21 Petitioner's Reply Brief, and the entirety of the Record, including the 11/20/21 Transmittal of Record on Appeal, which contains the Record on Appeal, and hereby FINDS that pursuant to NRS 233B.135, the Appeals Officer's 7/27/20 Decision and Order is not supported by substantial evidence in the Record on Appeal.

Here, the Parties agree that pursuant to NRS 617.457(1), Mr. Holland meets the two (2) qualifications for the conclusive presumption that Mr. Holland's related heart condition has arisen out of and in the course of the employment: (1) Mr. Holland has related heart disease; and (2) Mr. Holland is a retired twenty-five year veteran of LVMPD. However, Parties are in disagreement of whether or not pursuant to NRS 617.457(1), Mr. Holland failed to correct predisposing conditions after ordered to do so in writing, and that the correction was within the ability of Mr. Holland, such that Mr. Holland would no longer be entitled to the NRS 617.457(1) conclusive presumption.

Although the Appeals Officer's 7/27/20 Decision and Order recite Mr. Holland's related Medical History and that Mr. Holland did not correct the predisposing conditions of which he was warned, i.e. Cholesterol, Triglycerides, LDL, all of which contribute to heart disease, the Decision and Order does so summarily.

First, the Court FINDS that the Medical Records did contain written instructions to Mr. Holland to correct predisposing conditions. However, the Court notes that these written instructions were much too general in nature to effect change to Mr. Holland's Cholesterol, Triglycerides, LDL Levels, and not at all specific and pointed. Rather, specific and pointed advice would have included recommendations that Mr. Holland adopt a given regimented diet plan and/or given regimented exercise routine, both programs of which would have laid out diet specific instructions as to what Mr. Holland could and could not eat, and specific exercise instructions as to what exercises Mr. Holland needed to complete, frequency, duration, etc.

Second, with regard to the NRS 617.457(1) requirement that correction of the predisposed conditions be within Mr. Holland's ability, the Court FINDS that Mr. Holland's Medical Records do not contain sufficient documentation that correcting the predisposing conditions was within Mr. Holland's ability as contemplated by NRS 617.457(1). Specifically, the Physicians

recommendations of diet change and exercise programs, i.e. low fat diet, cardio, and 4 gm/day omega 2, etc., coupled with recurring testing of Cholesterol, Triglycerides, LDL, which primarily yielded unchanging results, is an insufficient basis to support the NRS 617.457(11) requirement that correcting Mr. Holland's predisposed conditions: Cholesterol, Triglycerides, LDL, was within the ability of the employee to control.

Third, for the relevant period 2008 to 2012, the reviewing Physicians that conducted Mr. Holland's Annual Physical Examination concluded: 2008 - In conclusion with all the information that has been provided to me, it appears you are in good health and remain acceptable for employment; and for 2009 - 2012 - In conclusion with all the information that has been provided to me, it appears that the employee is in good health and remains acceptable for employment.

The Physicians' minimal recommendations of a low fat diet, cardio, and 4 gm/day omega 2, combined with a finding that Mr. Holland was in good health suggest to this Court that Mr. Holland exercised good faith in adhering to the Physicians' recommendations. Additionally, there was no indication in the Record to the contrary. This, in fact, resulted in Mr. Holland receiving consecutive bills of good health from 2008 to 2012.

Lastly, the Physicians did not prescribe any Cholesterol, Triglycerides, or LDL medication to further control Mr. Holland's Cholesterol, Triglycerides, LDL Levels. This illustrates to this Court that Mr. Holland, in good faith, was doing what he was supposed to be doing, and despite following his Physicians' recommendations, Mr. Holland's inability to alter his Cholesterol, Triglycerides, or LDL levels suggests that Mr. Holland may have been incapable of correcting his predisposing conditions through diet and exercise alone. This negates the NRS 617.457(11) requirement that correction of the predisposed conditions be within Mr. Holland's ability.

Therefore, this Court FINDS that the Appeals Officer's 7/27/20 Decision and Order is not supported by substantial evidence and necessarily GRANTS Petitioner Mr. Holland's Petition for Judicial Review.

Per EDCR 7.21, Counsel for Petitioner to prepare the Proposed Order, circulate for signature as to Form and Content, and submit to [dc21inbox@clarkcountycourts.us](mailto:dc21inbox@clarkcountycourts.us) within 14 days per EDCR 7.21.

CLERK'S NOTE: A copy of the foregoing minute order was distributed to the registered service recipients via Odyssey eFileNV E-Service (3/19/21 kb).

*Heather L. Smith*  
CLERK OF THE COURT

1 **ORDG**

2 LISA M. ANDERSON, ESQ.

3 Nevada Bar No. 004907

4 GREENMAN GOLDBERG RABY & MARTINEZ

5 2770 South Maryland Parkway

6 Suite 100

7 Las Vegas, Nevada 89109

8 Phone: (702) 384-1616

9 Facsimile: (702) 384-2990

10 Email: landerson@ggrmlawfirm.com

11 *Attorneys for Petitioner*

12 **DISTRICT COURT**

13 **CLARK COUNTY, NEVADA**

14 ROBERT HOLLAND, )

15 Petitioner )

16 vs. )

17 CASE NO. : A-20-818754-J

18 DEPT. NO. : XXI

19 LAS VEGAS METROPOLLITAN POLICE )

20 DEPARTMENT, CCMSI, and THE )

21 DEPARTMENT OF ADMINISTRATION, )

22 HEARINGS DIVISION, )

23 Respondents. )

24 **ORDER GRANTING PETITION FOR JUDICIAL REVIEW**

25 This matter came before this Court on the Petition for Judicial Review filed by the  
26 Petitioner, ROBERT HOLLAND. Petitioner was represented by LISA M. ANDERSON, ESQ.  
27 of the law firm of GREENMAN GOLDBERG RABY & MARTINEZ. Respondents, LAS  
28 VEGAS METROPOLITAN POLICE DEPARTMENT and CCMSI, were represented by  
DANIAL L. SCHWARTZ, ESQ. and JOEL P. REEVES, ESQ. of the law firm LEWIS  
BRISBOIS BISGAARD & SMITH. No other parties were present or represented. After  
reviewing the record and considering the briefs, this matter is decided as follows:

1 This matter came before this Court on March 10, 2021 for hearing on the July 29, 2020  
2 Petition for Judicial Review. The Court has re-reviewed the December 29, 2020 Petitioner's  
3 Opening Brief, the February 1, 2021 Respondent's Answering Brief, and the March 2, 2021  
4 Petitioner's Reply Brief, and the entirety of the record, including the November 20, 2020<sup>0</sup>  
5 Transmittal of Record on Appeal, which contains the Record on Appeal, and hereby FINDS that  
6 pursuant to NRS 233B.135, the Appeals Officer's July 27, 2020 Decision and Order is not  
7 supported by substantial evidence in the Record on Appeal.  
8

9 Here, the parties agree that, pursuant to NRS 617.457(1), Petitioner meets the two (2)  
10 qualifications for the conclusive presumption that Petitioner's related heart condition has arisen  
11 out of and in the course of the employment: (1) Petitioner has related heart disease; and (2)  
12 Petitioner is a retired twenty-five (24)<sup>5</sup> year veteran of Las Vegas Metropolitan Police  
13 Department. However, the parties are in disagreement of whether or not pursuant to NRS  
14 617.457(11), Petitioner failed to correct predisposing conditions after ordered to do so in writing,  
15 and that the correction was within the ability of Petitioner, such that Petitioner would no longer  
16 be entitled to the NRS 617.457(1) conclusive presumption.  
17

18 Although the Appeals Officer's July 27, 2020 Decision and Order recite Petitioner's  
19 related medical history and that Petitioner did not correct the predisposing conditions of which  
20 he was warned, i.e. cholesterol, triglycerides, LDL, all of which contribute to heart disease, the  
21 Decision and Order does so summarily.  
22

23 First, the Court FINDS that the medical records did contain written instructions to  
24 Petitioner to correct predisposing conditions. However, the Court notes that these written  
25 instructions were much too general in nature to effect change to Petitioner's cholesterol,  
26 triglycerides, LDL Levels, and not at all specific and pointed. Rather, specific and pointed  
27  
28

1 advice would have included recommendations that Petitioner adopt a given regimented  
2 diet plan and/or given regimented exercise routine, both programs of which would have  
3 laid out diet specific instructions as to what Petitioner could and could not eat, and specific  
4 exercise instructions as to what exercises Petitioner needed to complete, frequency,  
5 duration, etc.  
6

7 Second, with regard to the NRS 617.457(11) requirement that correction of the  
8 predisposed conditions be within Petitioner's ability, the Court FINDS that Petitioner's  
9 medical records do not contain sufficient documentation that correcting the predisposing  
10 conditions was within Petitioner's ability as contemplated by NRS 617.457(11).  
11 Specifically, the physician's recommendations of diet change and exercise programs, i.e.  
12 low fat diet, cardio, and 4 mg/day omega 2, etc., coupled with recurring testing of  
13 cholesterol, triglycerides, LDL, which primarily yielded unchanging results, is an  
14 insufficient basis to support the NRS 617.457(11) requirement that correcting Petitioner's  
15 predisposed conditions: cholesterol, triglycerides, LDL, was within the ability of the  
16 employee to control.  
17  
18

19 Third, for the relevant period 2008 to 2012, the reviewing physicians that conducted  
20 Petitioner's annual physical examination concluded: 2008 - In conclusion with all the  
21 information that has been provided to me, it appears you are in good health and remain  
22 acceptable for employment; and for 2009 2012 - In conclusion with all the information that has  
23 been provided to me, it appears that the employee is in good health and remains acceptable for  
24 employment.  
25

26 ///

27 ///

1           The physician's minimal recommendations of a low fat diet, cardio, and 4 mg/day  
2 omega 2, combined with a finding that Petitioner was in good health suggest to this Court  
3 that Petitioner exercised good faith in adhering to the physician's recommendations.  
4  
5 Additionally, there was no indication in the Record to the contrary. This, in fact, resulted  
6 in Petitioner receiving consecutive bills of good health from 2008 to 2012.

7           Lastly, the physicians did not prescribe any cholesterol, triglycerides, or LDL medication  
8 to further control Petitioner's cholesterol, triglycerides, LDL levels. This illustrates to this Court  
9 that Petitioner, in good faith, was doing what he was supposed to be doing, and despite following  
10 his physician's recommendations, Petitioner's inability to alter his cholesterol, triglycerides, or  
11 LDL levels suggests that Petitioner may have been incapable of correcting his predisposing  
12 conditions through diet and exercise alone. This negates the NRS 617.457(11) requirement that  
13 correction of the predisposed conditions be within Petitioner's ability.  
14

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1 Therefore, this Court FINDS that the Appeals Officer's July 27, 2020 Decision and  
2 Order is not supported by substantial evidence and necessarily GRANTS Petitioner, Robert  
3 Holland's, Petition for Judicial Review.

4 Dated this \_\_\_\_ day of \_\_\_\_\_, 2021.

5  
6 Dated this 5th day of April, 2021

7  
8   
TARA CLARK NEWBERRY  
DISTRICT COURT JUDGE

9 238 42F 3A34 07EE  
Tara Clark Newberry  
District Court Judge

10 Submitted by:

11 GREENMAN GOLDBERG RABY & MARTINEZ

12  
13   
14 LISA M. ANDERSON, ESQ.

15 Nevada Bar No. 004907

16 GREENMAN GOLDBERG RABY & MARTINEZ

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Suite 100

Las Vegas, Nevada 89109

*Attorneys for Petitioner*

18  
19 Approved as to form and content:

20 LEWIS BRISBOIS BISGAARD & SMITH

21  
22   
23 DANIEL L. SCHWARTZ, ESQ.

Nevada Bar No. 005125

24 JOEL REEVES, ESQ.

Nevada Bar No. 013231

25 2300 West Sahara Avenue

Suite 900, Box 28

Las Vegas, Nevada 89102

*Attorneys for Respondents*

1 **CSERV**

2  
3 **DISTRICT COURT**  
4 **CLARK COUNTY, NEVADA**

5  
6 Robert Holland, Petitioner(s)

CASE NO: A-20-818754-J

7 vs.

DEPT. NO. Department 21

8 Las Vegas Metropolitan Police  
9 Department, Respondent(s)

10  
11 **AUTOMATED CERTIFICATE OF SERVICE**

12 This automated certificate of service was generated by the Eighth Judicial District  
13 Court. The foregoing Order Granting was served via the court's electronic eFile system to all  
14 recipients registered for e-Service on the above entitled case as listed below:

Service Date: 4/5/2021

15 Daniel Schwartz

daniel.schwartz@lewisbrisbois.com

16 Joel Reeves

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18 lisa anderson

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20 Alejandra Garcia

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21 Stephanie Jensen

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*Steven D. Grierson*

1 NEOJ  
2 LISA M. ANDERSON, ESQ.  
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9 Email: landerson@ggrmlawfirm.com  
10 *Attorneys for Petitioner*

**DISTRICT COURT  
CLARK COUNTY, NEVADA**

9 ROBERT HOLLAND,  
10  
11 Petitioner,

12 vs.

CASE NO.: A-20-818754-J  
DEPT. NO.: XXI

13 LAS VEGAS METROPOLITAN POLICE  
14 DEPARTMENT, CCMSI, and THE  
15 DEPARTMENT OF ADMINISTRATION,  
16 HEARINGS DIVISION,

17 Respondents.

**NOTICE OF ENTRY OF ORDER**

19 TO: All parties of interest.

20 YOU, AND EACH OF YOU, WILL PLEASE TAKE NOTICE that an Order was  
21 entered in the above-entitled matter on the 5<sup>th</sup> day of April, 2021, a copy of which is attached.

22 DATED this 6<sup>th</sup> day of April, 2021.

23 **GREENMAN GOLDBERG RABY & MARTINEZ**

24  
25 *[Signature]*  
26 By: LISA M. ANDERSON, ESQ.

27 Nevada Bar No. 4907  
28 2770 South Maryland Parkway, #100  
Las Vegas, Nevada 89109  
Attorneys for Petitioner

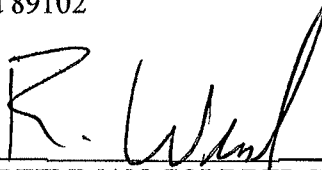


LAW FIRM  
INJURY ATTORNEYS

**CERTIFICATE OF SERVICE**

Pursuant to NRCP 5(b), I certify that I am an employee of GREENMAN GOLDBERG RABY & MARTINEZ, and that on the 14<sup>th</sup> day of April, 2021, I caused the foregoing document entitled NOTICE OF ENTRY OF ORDER to be served upon those persons designated by parties in the E-Service Master List for the above-referenced matter in the Eighth Judicial District Court eFiling System in accordance with the mandatory electronic service requirements of Administrative Order 14-2 and the Nevada Electronic Filing and Conversion Rules and depositing a true and correct copy in a sealed envelope, postage fully prepaid, addressed as follows:

Daniel L. Schwartz, Esq.  
LEWIS BRISBOIS BISGAARD & SMITH  
2300 West Sahara Avenue  
Suite 900 Box 28  
Las Vegas, Nevada 89102



\_\_\_\_\_  
An Employee of GREENMAN GOLDBERG RABY & MARTINEZ



LAW FIRM  
INJURY ATTORNEYS

*Heather S. Simon*  
CLERK OF THE COURT

1 **ORDG**

2 LISA M. ANDERSON, ESQ.

3 Nevada Bar No. 004907

4 GREENMAN GOLDBERG RABY & MARTINEZ

5 2770 South Maryland Parkway

6 Suite 100

7 Las Vegas, Nevada 89109

8 Phone: (702) 384-1616

9 Facsimile: (702) 384-2990

10 Email: landerson@ggrmlawfirm.com

11 *Attorneys for Petitioner*

DISTRICT COURT

CLARK COUNTY, NEVADA

12 ROBERT HOLLAND,

13 Petitioner

14 vs.

CASE NO. : A-20-818754-J

DEPT. NO. : XXI

15 LAS VEGAS METROPOLLITAN POLICE)

16 DEPARTMENT, CCMSI, and THE )

17 DEPARTMENT OF ADMINISTRATION, )

18 HEARINGS DIVISION, )

19 Respondents. )

20 **ORDER GRANTING PETITION FOR JUDICIAL REVIEW**

21 This matter came before this Court on the Petition for Judicial Review filed by the  
22 Petitioner, ROBERT HOLLAND. Petitioner was represented by LISA M. ANDERSON, ESQ.  
23 of the law firm of GREENMAN GOLDBERG RABY & MARTINEZ. Respondents, LAS  
24 VEGAS METROPOLITAN POLICE DEPARTMENT and CCMSI, were represented by  
25 DANIAL L. SCHWARTZ, ESQ. and JOEL P. REEVES, ESQ. of the law firm LEWIS  
26 BRISBOIS BISGAARD & SMITH. No other parties were present or represented. After  
27 reviewing the record and considering the briefs, this matter is decided as follows:  
28

1 This matter came before this Court on March 10, 2021 for hearing on the July 29, 2020  
2 Petition for Judicial Review. The Court has re-reviewed the December 29, 2020 Petitioner's  
3 Opening Brief, the February 1, 2021 Respondent's Answering Brief, and the March 2, 2021  
4 Petitioner's Reply Brief, and the entirety of the record, including the November 20, 2021<sup>0</sup>  
5 Transmittal of Record on Appeal, which contains the Record on Appeal, and hereby FINDS that  
6 pursuant to NRS 233B.135, the Appeals Officer's July 27, 2020 Decision and Order is not  
7 supported by substantial evidence in the Record on Appeal.  
8

9 Here, the parties agree that, pursuant to NRS 617.457(1), Petitioner meets the two (2)  
10 qualifications for the conclusive presumption that Petitioner's related heart condition has arisen  
11 out of and in the course of the employment: (1) Petitioner has related heart disease; and (2)  
12 Petitioner is a retired twenty-five (24)<sup>5</sup> year veteran of Las Vegas Metropolitan Police  
13 Department. However, the parties are in disagreement of whether or not pursuant to NRS  
14 617.457(11), Petitioner failed to correct predisposing conditions after ordered to do so in writing,  
15 and that the correction was within the ability of Petitioner, such that Petitioner would no longer  
16 be entitled to the NRS 617.457(1) conclusive presumption.  
17

18 Although the Appeals Officer's July 27, 2020 Decision and Order recite Petitioner's  
19 related medical history and that Petitioner did not correct the predisposing conditions of which  
20 he was warned, i.e. cholesterol, triglycerides, LDL, all of which contribute to heart disease, the  
21 Decision and Order does so summarily.  
22

23 First, the Court FINDS that the medical records did contain written instructions to  
24 Petitioner to correct predisposing conditions. However, the Court notes that these written  
25 instructions were much too general in nature to effect change to Petitioner's cholesterol,  
26 triglycerides, LDL Levels, and not at all specific and pointed. Rather, specific and pointed  
27  
28

1 advice would have included recommendations that Petitioner adopt a given regimented  
2 diet plan and/or given regimented exercise routine, both programs of which would have  
3 laid out diet specific instructions as to what Petitioner could and could not eat, and specific  
4 exercise instructions as to what exercises Petitioner needed to complete, frequency,  
5 duration, etc.  
6

7 Second, with regard to the NRS 617.457(11) requirement that correction of the  
8 predisposed conditions be within Petitioner's ability, the Court FINDS that Petitioner's  
9 medical records do not contain sufficient documentation that correcting the predisposing  
10 conditions was within Petitioner's ability as contemplated by NRS 617.457(11).  
11 Specifically, the physician's recommendations of diet change and exercise programs, i.e.  
12 low fat diet, cardio, and 4 mg/day omega 2, etc., coupled with recurring testing of  
13 cholesterol, triglycerides, LDL, which primarily yielded unchanging results, is an  
14 insufficient basis to support the NRS 617.457(11) requirement that correcting Petitioner's  
15 predisposed conditions: cholesterol, triglycerides, LDL, was within the ability of the  
16 employee to control.  
17

18  
19 Third, for the relevant period 2008 to 2012, the reviewing physicians that conducted  
20 Petitioner's annual physical examination concluded: 2008 - In conclusion with all the  
21 information that has been provided to me, it appears you are in good health and remain  
22 acceptable for employment; and for 2009 2012 - In conclusion with all the information that has  
23 been provided to me, it appears that the employee is in good health and remains acceptable for  
24 employment.  
25

26 ///

27 ///

1 The physician's minimal recommendations of a low fat diet, cardio, and 4 mg/day  
2 omega 2, combined with a finding that Petitioner was in good health suggest to this Court  
3 that Petitioner exercised good faith in adhering to the physician's recommendations.  
4 Additionally, there was no indication in the Record to the contrary. This, in fact, resulted  
5 in Petitioner receiving consecutive bills of good health from 2008 to 2012.  
6

7 Lastly, the physicians did not prescribe any cholesterol, triglycerides, or LDL medication  
8 to further control Petitioner's cholesterol, triglycerides, LDL levels. This illustrates to this Court  
9 that Petitioner, in good faith, was doing what he was supposed to be doing, and despite following  
10 his physician's recommendations, Petitioner's inability to alter his cholesterol, triglycerides, or  
11 LDL levels suggests that Petitioner may have been incapable of correcting his predisposing  
12 conditions through diet and exercise alone. This negates the NRS 617.457(11) requirement that  
13 correction of the predisposed conditions be within Petitioner's ability.  
14

15 ///

16 ///

17 ///

18 ///

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28 ///

1 Therefore, this Court FINDS that the Appeals Officer's July 27, 2020 Decision and  
2 Order is not supported by substantial evidence and necessarily GRANTS Petitioner, Robert  
3 Holland's, Petition for Judicial Review.  
4

5 Dated this \_\_\_\_ day of \_\_\_\_\_, 2021.

Dated this 5th day of April, 2021

7  
8   
TARA CLARK NEWBERRY  
DISTRICT COURT JUDGE

238 42F 3A34 07EE  
Tara Clark Newberry  
District Court Judge

9  
10 Submitted by:

11 GREENMAN GOLDBERG RABY & MARTINEZ

12  
13   
14 LISA M. ANDERSON, ESQ.

Nevada Bar No. 004907

15 GREENMAN GOLDBERG RABY & MARTINEZ

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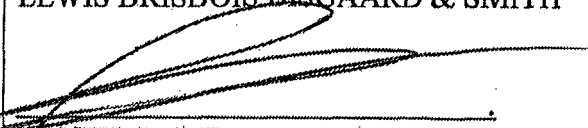
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*Attorneys for Petitioner*

18  
19 Approved as to form and content:

20 LEWIS BRISBOIS BISGAARD & SMITH

21  
22   
23 DANIEL L. SCHWARTZ, ESQ.

Nevada Bar No. 005125

24 JOEL REEVES, ESQ.

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25 2300 West Sahara Avenue

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27 *Attorneys for Respondents*  
28

1 CSERV

2 DISTRICT COURT  
3 CLARK COUNTY, NEVADA  
4

5  
6 Robert Holland, Petitioner(s)

CASE NO: A-20-818754-J

7 vs.

DEPT. NO. Department 21

8 Las Vegas Metropolitan Police  
9 Department, Respondent(s)

10  
11 **AUTOMATED CERTIFICATE OF SERVICE**

12 This automated certificate of service was generated by the Eighth Judicial District  
13 Court. The foregoing Order Granting was served via the court's electronic eFile system to all  
recipients registered for e-Service on the above entitled case as listed below:

14 Service Date: 4/5/2021

15 Daniel Schwartz daniel.schwartz@lewisbrisbois.com

16 Joel Reeves joel.reeves@lewisbrisbois.com

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21 Stephanie Jensen stephanie.jensen@lewisbrisbois.com  
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*Heather L. Smith*  
CLERK OF THE COURT

1 **MOT**

2 DANIEL L. SCHWARTZ, ESQ.

3 Nevada Bar No. 005125

4 JOEL P. REEVES, ESQ.

5 Nevada Bar No. 013231

6 LEWIS BRISBOIS BISGAARD & SMITH LLP

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9 Telephone: 702-893-3383

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11 Email: daniel.schwartz@lewisbrisbois.com

12 Attorneys for Respondent

13 *Las Vegas Metropolitan Police Department and*

14 *Cannon Cochran Management Services, Inc.*

15 **DISTRICT COURT**

16 **CLARK COUNTY, NEVADA**

17 ROBERT HOLLAND,

18 Petitioner,

19 v.

Case No.: A-20-818754-J

Dept. No.: 21

20 LAS VEGAS METROPOLITAN POLICE  
21 DEPARTMENT, CANNON COCHRAN  
22 MANAGEMENT SERVICES, INC., and THE  
23 DEPARTMENT OF ADMINISTRATION,  
24 HEARINGS DIVISION, APPEALS OFFICE, an  
25 Agency of the State of Nevada,

26 Respondents.

**HEARING REQUESTED**

27 **RESPONDENTS' MOTION FOR STAY PENDING SUPREME COURT APPEAL AND**  
28 **MOTION FOR ORDER SHORTENING TIME**

29 COMES NOW the Respondents, LAS VEGAS METROPOLITAN POLICE  
30 DEPARTMENT, CANNON COCHRAN MANAGEMENT SERVICES, INC., (CCMSI),  
31 (hereinafter referred to as "Respondents"), by and through their attorneys, DANIEL L.  
32 SCHWARTZ, ESQ. and JOEL P. REEVES, ESQ. of LEWIS, BRISBOIS, BISGAARD &  
33 SMITH, LLP, and move this Court for a Motion for Stay pending Supreme Court appeal and an  
34 Order Shortening Time for this Motion to be heard before the deadline for obtaining a stay.

1 This Motion is made and based upon the papers and pleadings on file herein, and the  
2 attached Points and Authorities and any arguments of counsel on this matter.

3 DATED this 16 day of April 2021.

4 Respectfully submitted,

5 **LEWIS BRISBOIS BISGAARD & SMITH LLP**

6  
7 By: 

8 DANIEL L. SCHWARTZ, ESQ.

9 JOEL P. REEVES, ESQ.

10 2300 W. Sahara Ave. Ste. 900

11 Las Vegas, Nevada 89102

12 Attorney for Respondents  
13  
14  
15  
16  
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28

1 **AFFIDAVIT IN SUPPORT OF ORDER SHORTENING TIME AND TEMPORARY STAY**

2 STATE OF NEVADA )  
3 ) ss:  
4 COUNTY OF CLARK )

5 I, JOEL P. REEVES, ESQ., do hereby swear under penalty of perjury that the assertion of  
6 this affidavit are true, that:

7 1. Affiant is an attorney authorized and duly licensed to practice law in the State of  
8 Nevada and is one of the attorneys of record for Respondents.

9 2. This affidavit is made in support of an ex-parte order shortening time for this  
10 Motion for Stay to be heard.

11 3. Affiant has personal knowledge of all matters set forth herein, except those matters  
12 stated on information and belief, and is competent to testify thereto.

13 4. That NRAP Rule 8(a)(1) requires that Appellants move first in the District Court  
14 for a Stay of the underlying Order Granting Petition for Judicial Review, filed on April 5, 2021  
15 with the Notice of Entry of Order being filed on April 6, 2021.

16 5. The above-named Affiant has good cause to request this Court for an Order  
17 Shortening time. NRS 616C.375 mandates that an Appeals Officer's Decision and Order shall not  
18 be stayed unless the District Court issues an Order of Stay within thirty (30) days from the date of  
19 the Decision and Order. Further, NRAP 4(a)(1) requires that the subject Order be appealed within  
20 thirty (30) days from the date of the Order. Therefore, this Motion cannot be heard in the normal  
21 course.

22 6. The time for appeal in this matter expires on or about Thursday, May 6, 2021.

23 7. In the absence of a stay, the Respondents will be required to comply with this  
24 Court's Order and administer this claim, a claim which Respondents have a good faith belief was  
25 properly denied.

26 ...

27 ...

28 ...

00430

**ORDER SHORTENING TIME**

GOOD CAUSE APPEARING THEREFOR,

IT IS HEREBY ORDERED that the time of hearing of the above-entitled matter  
be, and the same will be heard, on the 23rd day of APRIL 2021, at  
11:00 A.M. ~~P.M.~~ in Dept. No. 21.

OPPOSITION DUE APRIL 21, 2021

DATED this \_\_\_\_\_ day of April 2021.

Dated this 20th day of April, 2021



DISTRICT COURT JUDGE

**F79 42F 70F7 7523  
Tara Clark Newberry  
District Court Judge**

Respectfully submitted by:

  
\_\_\_\_\_  
DANIEL L. SCHWARTZ, ESQ.

Nevada Bar No. 5125

JOEL P. REEVES, ESQ.

Nevada Bar No. 13231

LEWIS BRISBOIS BISGAARD & SMITH

2300 W. Sahara Ave., Ste. 900, Box 28

Las Vegas, NV 89102

*Attorneys for the Respondents*

STATEMENT OF THE FACTS

The claimant, ROBERT HOLLAND, (hereinafter referred to as "claimant"), a retired police officer who was working corporate security at the time of this claim, alleges that on May 26, 2019, "while washing my vehicle I began to experience chest pain that radiated into my left arm. On Monday, 5/27/2019, I experienced the same symptoms occurred [sic] as I was leaving the gym." Dr. Wattoo completed two separate C-4 forms both indicating that the claimant had two heart attacks. One C-4 form added CAD, COPD, and emphysema to the listed diagnoses. Both noted three vessel coronary artery disease with stenting. The claimant was taken off of work from May 27, 2019 to June 17, 2019. (ROA pp. 48-49)

The Employer's Report of Industrial Injury or Occupational Disease notes reporting of the claim on May 28, 2019, and it was also noted that the claimant had retired from the Employer. (ROA p. 50)

During his tenure with the Employer, the claimant was consistently informed of elevated triglycerides and the need to correct the same.

On February 12, 2008, claimant's annual examining physician assessed elevated triglycerides and was ordered to adopt a low fat diet. (ROA pp. 51-57)

On March 9, 2009, the claimant was informed of the need to correct elevated triglyceride and cholesterol levels. (ROA pp. 58-65)

On February 22, 2010, the claimant was informed of abnormal lab results which included low HDL findings. (ROA pp. 66-72)

On January 24, 2011, the claimant was informed of the need to correct elevated triglycerides, which were at 159, and the claimant was again advised to have a low fat diet. (ROA pp. 73-81)

On April 9, 2012, the claimant was again informed of the need to correct elevated triglycerides, which had risen to 181 since the last examination, and was advised to have a low fat diet and increased "cardio + 4 gm/day omega 2." (ROA pp. 82-91)

Claimant retired on December 29, 2012.

1 The claimant was hospitalized at the Summerlin Hospital Medical Center from May 29,  
2 2019, through June 4, 2019. Dr. Chaudry performed cardiac catheterization procedures on June 3,  
3 2019, which included stent and diagonal placement. It was noted that claimant had a history of  
4 asthma, hypothyroidism, and hypertension. Claimant's triglycerides were noted as being 348,  
5 almost double what they were in 2012 when he was last informed to correct the same. (ROA pp.  
6 92-118; 70)

7 On June 13, 2019, the adjuster sent a letter of introduction which asked the claimant to  
8 execute attached medical release and history forms. (ROA pp. 119-123)

9 On June 20, 2019, the claimant executed a medical release and noted that in 2015, he was  
10 diagnosed with high blood pressure, and was on medication for the same. (ROA pp. 124-127)

11 On July 23, 2019, a claim denial determination was issued. (ROA pp. 128-131)

12 On July 31, 2019, the claimant's counsel issued a letter of representation. (ROA p. 132)

13 On August 1, 2019, the adjuster acknowledged the claimant's counsel's letter of  
14 representation. (ROA p. 133)

15 On August 7, 2019, the claimant appealed the claim denial determination. (ROA p. 134)

16 On August 9, 2019, the claimant's counsel was provided copies of the claim file and was  
17 informed of copy charges associated therewith. (ROA p. 135)

18 Following Hearing No. 2001960-JK, a Decision and Order was issued on September 17,  
19 2019, which affirmed the denial of the claim. (ROA pp. 136-137.) Claimant appealed. (ROA p.  
20 138.)

21 On July 27, 2020, after receiving written briefs, the Appeals Officer for Appeal Number  
22 2004526-DM affirmed claim denial based on claimant's failure to correct conditions which were  
23 predisposing him to heart disease. (ROA pp. 3-12)

24 Claimant filed this Petition for Judicial Review contesting the Appeals Officer's July 27,  
25 2020 Decision.

26 On April 5, 2021, after receiving written briefs and hearing oral argument, this Court  
27 reversed the Appeals Officer, finding that: (1) although Claimant was explicitly instructed to  
28 correct predisposing conditions, the instructions did not inform Claimant as to how he might

1 correct those conditions; (2) that there was no evidence that correction was within Claimant's  
2 ability; (3) that Claimant was deemed able to continue employment despite being warned of  
3 conditions which would predispose him to heart disease; and (4) Claimant had proven a good faith  
4 attempt to correct his predisposing conditions because he was never prescribed medication for any  
5 heart condition.

6 Respondents respectfully request a stay of the above referenced April 5, 2021 Decision  
7 while Respondents' forthcoming Supreme Court appeal is pending.

## 8 POINTS & AUTHORITIES

### 9 II.

#### 10 JURISDICTION

11 **NRAP 8(a)(1)** provides this Court with authority to hear the instant Motion for Stay:

12 A party must ordinarily move first in the district court for the  
13 following relief:

14 (A) a stay of the judgment or order of, or proceedings in, a  
15 district court pending appeal or resolution of a petition to the  
16 Supreme Court or Court of Appeals for an extraordinary writ;

17 (B) approval of a supersedeas bond; or

18 (C) an order suspending, modifying, restoring or granting an  
19 injunction while an appeal or original writ petition is pending

20 **NRS 233B.140** further provides that:

21 1. A petitioner who applies for a stay of the final decision in a contested  
22 case shall file and serve a written motion for the stay on the agency and all  
23 parties of record to the proceeding at the time of filing the petition for  
24 judicial review.

25 2. In determining whether to grant a stay, the court shall consider the same  
26 factors as are considered for a preliminary injunction under Rule 65 of the  
27 Nevada Rules of Civil Procedure.

28 3. In making a ruling, the court shall:

(a) Give deference to the trier of fact; and

(b) Consider the risk to the public, if any, of staying the  
administrative decision.

The petitioner must provide security before the court may issue a stay.

For reference, NRCP Rule 65 provides in pertinent part as follows:

(a) Preliminary injunction.

(1) Notice. No preliminary injunction shall be issued without notice to the adverse party.

(2) Consolidation of hearing with trial on merits. Before or after the commencement of the hearing of an application for a preliminary injunction, the court may order the trial of the action on the merits to be advanced and consolidated with the hearing of the application. Even when this consolidation is not ordered, any evidence received upon an application for a preliminary injunction which would be admissible upon the trial on the merits becomes part of the record on the trial and need not be repeated upon the trial. This subdivision (a)(2) shall be so construed and applied as to save to the parties any rights they may have to trial by jury.

(d) Form and scope of injunction or restraining order. Every order granting an injunction and every restraining order shall set forth the reasons for its issuance; shall be specific in terms; shall describe in reasonable detail, and not by reference to the complaint or other document, the act or acts sought to be restrained; and is binding only upon the parties to the action, their officers, agents, servants, employees, and attorneys, and upon those persons in active concert or participation with them who receive actual notice of the order by personal service or otherwise.

III.

LEGAL ARGUMENT

A.

Standard of Review

The standard for granting a stay was enunciated in the case of Kress v. Corey, 65 Nev. 1, 16-17, 189 P.2d 352, 360 (1948) as follows:

an order for a supersedeas or stay will only be granted on good cause shown and where a proper case for exercise of the court's discretion is made out. As a rule a supersedeas or stay should be granted, if the court has the power to grant it, [1] whenever it appears that without it the object of the appeal or writ of error may be defeated, or [2] that it is reasonably necessary to protect appellant or plaintiff in error from irreparable or serious injury in the case of reversal, and [3] it does not appear that appellee or defendant in error will sustain irreparable or disproportionate injury; in case of affirmance on the other hand, as a rule, a supersedeas or stay will not be granted unless it appears to be necessary to prevent irreparable injury or a miscarriage of justice. (citations removed)(numeration added)

1 A party requesting a stay must also prove a reasonable likelihood of success on the merits.  
2 Success on the merits for Petitions for Judicial review of a final decision of an agency is governed  
3 by NRS 233B.135 as follows:

4 **NRS 233B.135 Judicial review; Manner of conducting; burden  
of proof; standard for review.**

5 1. Judicial review of a final decision of an agency must be: (a)  
6 Conducted by the court without a jury; and (b) Confined to the  
7 record. In cases concerning alleged irregularities in procedure before  
an agency that are not shown in the record, the court may receive  
evidence concerning the irregularities.

8 2. The final decision of the agency shall be deemed reasonable and  
lawful until reversed or set aside in whole or in part by the court.  
9 The burden of proof is on the party attacking or resisting the  
decision to show that the final decision is invalid pursuant to  
subsection 3.

10 3. The court shall not substitute its judgment for that of the agency  
as to the weight of evidence on a question of fact. The court may  
11 remand or affirm the final decision or set it aside in whole or in part  
if substantial rights of the petitioner have been prejudiced because  
12 the final decision of the agency is:

- 13 (a) In violation of constitutional or statutory provisions;
- 14 (b) In excess of the statutory authority of the agency;
- 15 (c) Made upon unlawful procedure;
- 16 (d) Affected by other error of law;
- (e) Clearly erroneous in view of the reliable, probative and  
substantial evidence on the whole record; or
- (f) Arbitrary or capricious or characterized by abuse of  
discretion.

17 The standard of review is whether there is substantial evidence to support the underlying  
18 decision. The reviewing court should limit its review of administrative decisions to determine if  
19 they are based upon substantial evidence. North Las Vegas v. Public Service Comm., 83 Nev.  
20 278, 291, 429 P.2d 66 (1967); McCracken v. Fancy, 98 Nev. 30, 639 P.2d 552 (1982). Substantial  
21 evidence is that quantity and quality of evidence which a reasonable man would accept as  
22 adequate to support a conclusion. See, Maxwell v. SIIS, 109 Nev. 327, 331, 849 P.2d 267, 270  
23 (1993); and Horne v. State Indus. Ins. Sys., 113 Nev. 532, 537, 936 P.2d 839 (1997).

24 When reviewing administrative decisions, this Court has held that, on factual  
25 determinations, the findings and ultimate decisions of an agency are not to be disturbed unless  
26 they are clearly erroneous or otherwise amount to an abuse of discretion. Nevada Industrial  
27 Common v. Reese, 93 Nev. 115, 560 P.2d 1352 (1977).

1 An administrative determination regarding a question of fact will not be set aside unless it  
2 is against the manifest weight of the evidence. Nevada Indus. Common v. Hildebrand, 100 Nev.  
3 47, 51, 675 P.2d 401 (1984).

4 B.

5 **An Order Granting Stay is Appropriate**  
6 **Until this Appeal is Heard and Decided on its Merits**

7 The Nevada Supreme Court has consistently held that a stay is appropriate under  
8 circumstances such as those that exist in the instant case. Kress, Id. In DIR v. Circus Circus, 101  
9 Nev. 405, 411-12, 705 P.2d 645, 649 (1985), the Nevada Supreme Court stated that an insurer's  
10 proper procedure when aggrieved by a decision is to seek a stay. The Nevada Supreme Court has  
11 also recognized that a stay should be granted where it can be shown that the Appellant would  
12 suffer irreparable injury during the pendency of the appeal, if the stay is not granted. White Pine  
13 Power v. Public Service Commission, 76 Nev. 263, 252 P.2d 256 (1960).

14 The Nevada Supreme Court held, in Ransier v. SIIS, 104 Nev. 742, 766 P.2d 274 (1988),  
15 that an insurer may not seek recoupment of benefits paid to a claimant that were later found to be  
16 unwarranted on appeal. However, it must be noted that NRS 616C.138 was recently modified to  
17 allow insurers to recover amounts paid during the pendency of an appeal "from a health or  
18 casualty insurer" if the insurer is found to be entitled to the same. However, if there is no health or  
19 casualty insurer, Ransier applies and insurers cannot recover anything at all. Here, just as in most  
20 cases, there is nothing to indicate whether Petitioner has health or casualty insurance. Furthermore,  
21 under no circumstances could an insurer recover any wage replacement benefits such as temporary  
22 partial disability or temporary total disability benefits.

23 In the instant case, an order granting a Stay of this Court's decision is appropriate for the  
24 reasons set forth herein. As will be discussed in detail below, this Court's Decision was,  
25 respectfully, issued under color of a legal error. Furthermore, the only party that will be harmed by  
26 the subject order will be the Respondents.

27 This case is precisely the scenario in which a stay is appropriate. Respondents have shown  
28 a substantial likelihood of prevailing on the instant appeal and Respondents will be irreparably

1 harmed if the instant motion is not granted. Accordingly, Respondents contend that they have  
2 made the requisite showing for the granting of a stay of the Appeals Officer's decision until such  
3 time as a hearing can be conducted on the merits of its appeal.

4  
5 **C.**

6 **Petitioner Will Not Be Harmed By the Granting of a Stay**

7 In the instant case, Petitioner will not be harmed by the granting of this stay. There are no  
8 pending emergency medical procedures which a Stay would prevent. The only potential for harm  
9 is to Respondents as the subject Order will require them to issue benefits such as wage  
10 replacements that cannot be recovered once issued. Once this appeal has concluded, if Petitioner is  
11 still successful, Petitioner will receive all benefits he is entitled to, plus interest.

12 The only party which stands to be harmed by a failure to grant a stay is Respondents.  
13 Accordingly, Respondents have again made the requisite showing for the granting of a stay of this  
14 Court's decision until such time as a hearing can be conducted on the merits of Respondents'  
15 appeal.

16 **D.**

17 **Standard Regarding Merits of Underlying Appeal**

18 As for the merits of the underlying appeal, it was the Petitioner, not Respondents, who had  
19 the burden of proving his entitlement to any benefits under any accepted industrial insurance claim  
20 by a preponderance of all the evidence. State Industrial Insurance System v. Hicks, 100 Nev. 567,  
21 688 P.2d 324 (1984); Johnson v. State ex rel. Wyoming Worker's Compensation Div., 798 P.2d  
22 323 (1990); Hagler v. Micron Technology, Inc., 118 Idaho 596, 798 P.2d 55 (1990).

23 In attempting to prove his case, the Petitioner has the burden of going beyond speculation  
24 and conjecture. That means that the Petitioner must establish all facets of the claim by a  
25 preponderance of all the evidence. To prevail, a Petitioner must present and prove more evidence  
26 than an amount which would make his case and his opponent's "evenly balanced." Maxwell v.  
27 SIIS, 109 Nev. 327, 849 P.2d 267 (1993); SIIS v. Khweiss, 108 Nev. 123, 825 P.2d 218 (1992);  
28 SIIS v. Kelly, 99 Nev. 774, 671 P.2d 29 (1983); 3. A. Larson, the Law of Workmen's  
Compensation, § 80.33(a).

E.

**The Subject Order Improperly Reweighs the Evidence and Adds Provisions to NRS 617.457**

This Court's April 5, 2020 Order improperly reweighed the evidence that the Appeals Officer already weighed, essentially allowing Petitioner to retry his case on appeal, something the Supreme Court has reiterated several times over is an impermissible function of this Court sitting as an appellate body. Indeed, NRS 233B.135 explicitly states that "[t]he court shall not substitute its judgment for that of the agency as to the weight of evidence on a question of fact." Further, this Court also added several requirements to NRS 617.457 which simply are not part of the law. Respondents respectfully request that this Court stay this matter while Respondents contest the same at the Supreme Court.

This Court stated four reasons why it was reversing the Appeals Officer. However, all four reasons amount to an impermissible reweighing of the evidence or an incorrect summation of the law. Each will be addressed in turn.

**1. There Is No Requirement for the Annual Examining Physician to Inform the Claimant as to How He Should Correct the Conditions Predisposing Him to Heart Disease**

The first error noted by the April 5, 2021 Order is that although the Court recognized that Claimant was indeed given written instructions to correct predisposing conditions by his annual examining physician, "these written instructions were much too general to effect change to Petitioner's cholesterol, triglycerides, LDL levels, and not at all specific and pointed." (Decision p. 2). However, there is no requirement that the annual examining physician must instruct the claimant on how to correct the predisposing conditions.

NRS 617.457(11) provides as follows:

Failure to correct predisposing conditions which lead to heart disease when so ordered in writing by the examining physician subsequent to a physical examination required pursuant to subsection 4 or 5 excludes the employee from the benefits of this section if the correction is within the ability of the employee.

If employees wish to make a claim under NRS 617.457, they are required to submit to an annual medical examination where the examining physician is required to inform the employees,

1 in writing, if they have any conditions which are predisposing them to heart disease. There is no  
2 requirement for the annual examining physician to also instruct the employee as to how he/she  
3 might correct those conditions. The only requirement is that the annual examining physician put  
4 the employee on notice that they are at risk for heart disease. It is then up to the employee whether  
5 they wish to act on those warnings and make changes to their lifestyle and/or seek medical advice  
6 for the same.

7 By holding that it was error for the Appeals Officer to fail to consider that the annual  
8 physicians did not explicitly instruct Claimant on how he might correct the conditions which were  
9 predisposing him to heart disease, this Court is writing instructions into the statute and placing a  
10 burden on the Employer which simply does not exist. As such, it was legal error to reverse the  
11 Appeals Officer for failing to recognize a legal requirement that does not exist.

12 **2. Whether There Was Evidence That Correction Was Within The Claimant's**  
13 **Ability Was a Fact Question for the Appeals Officer**

14 The second error noted by this Court was that the medical records did not "contain  
15 sufficient documentation that correcting the predisposing conditions was within Petitioner's ability  
16 as contemplated by NRS 617.457(11)." In support of this finding, the Court reweighed the  
17 evidence and concluded that recommendations of diet/exercise and recurring predisposing  
18 conditions was insufficient to support the Appeals Officer's conclusion that correction of  
19 predisposing conditions was within the Claimant's ability.

20 The issue here is that there was *no evidence of any attempt* to correct the predisposing  
21 conditions. Even if it is this Court's position that it was Employer's burden to prove that  
22 correction was within Claimant's ability, this Court reviews the Appeals Officer's Decision for  
23 substantial evidence and "substantial evidence need not be voluminous and may even be  
24 inferentially shown by a lack of certain evidence." Wright v. State DMV, 121 Nev. 122, 110 P.3d  
25 1066, (2005).

26 The Nevada Court of Appeals has also addressed this exact topic in the case of City of Las  
27 Vegas v. Burns, 2019 Nev. App. Unpub. LEXIS 948, \*1<sup>1</sup>. In that case, the Appeals Officer

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<sup>1</sup> This case is unpublished. However NRAP 36 states that unpublished decisions issued after

1 concluded that the claimant was consistently assessed with predisposing conditions and that the  
2 correction of those conditions was within the claimant's ability because claimant was ordered to  
3 diet and exercise.

4 However, the Court of Appeals held "there is not substantial evidence in the record to  
5 support the appeals officer's finding that correcting the predisposing conditions was within Burns'  
6 ability." The Court went on to detail the evidence:

7 there is not substantial evidence in the record to indicate that Burns  
8 was capable of reducing his cholesterol, triglycerides, or weight by  
9 dieting and exercising. To the contrary, the record indicates that,  
10 following his required annual physicals in 2010, 2011, and 2012, the  
11 physicians' assessments and recommendations indicate Burns  
12 "continue[s] to do an excellent job maintaining [his] health;" that he  
13 should "[k]eep up [his] exercise regimen . . . it's doing great for  
14 [him];" and that he was "doing well maintaining [his] health." In  
15 2012, the physician noted that although his "had" cholesterol and  
16 triglycerides were high, Burns was taking fish oil supplements as  
17 previously directed by his private physician and his total cholesterol  
18 was fine. Thus, the physicians' reports indicate that Burns was doing  
19 what he was instructed to do, he was exercising and taking  
20 supplements, and despite that, his predisposing factors did not  
21 change, which reflects that he was not capable of correcting his  
22 predisposing conditions.

23 Thus, Burns was a substantial evidence case wherein the Court concluded that the Appeals  
24 Officer committed clear error by failing to recognize that Mr. Burns was indeed attempting to  
25 correct his predisposing conditions but could not despite following the orders to diet and exercise.  
26 Indeed, *there was evidence* in Burns to show that claimant was attempting to correct his  
27 predisposing conditions. The Court held that the Appeals Officer committed clear error by failing  
28 to recognize that evidence.

Noticeably absent from Burns is any discussion about it being Employer's burden to prove  
that correction of a predisposing condition is within an employee's ability. On the contrary, it was  
the employee who submitted evidence in Burns. The Court of Appeals simply held that the  
Appeals Officer did not recognize that evidence.

Contrast the facts of Burns with the present case where there is *no evidence* that Claimant  
actually took any steps to correct his predisposing conditions. Unlike Burns wherein the

\_\_\_\_\_(continued)  
January 1, 2016 are not mandatory but may be cited for their persuasive value, "if any."

1 claimant's physician was actively treating heart conditions and was commenting on the claimant's  
2 exercise regimen, there is nothing in this record to show that Claimant was doing anything about  
3 his heart health for at least half a decade before he filed this claim.

4 Indeed, to be eligible for benefits under NRS 617.457, Claimant is required to take some  
5 action in good faith to attempt to correct the conditions that were predisposing him to heart disease  
6 and the evidence establishes that he took no action. If there is no requirement of a good faith  
7 attempt to correct the condition, then there is no meaning behind the requirement of showing that  
8 correction was within the ability of the Claimant. How does any party or finder of fact know that  
9 correction is within the ability of the claimant if they never even try to correct? Further, if they  
10 never attempt to correct, there is no evidence to produce. If the standard is "some evidence" that  
11 correction was within the claimant's ability and they never try to correct, the Employer will never  
12 ever be able to prove that correction was within the claimant's ability as that evidence does not  
13 exist *because* the claimant did not attempt to correct.

14 However, as a basic proposition, the Supreme Court and Court of Appeals are in  
15 agreement, this subject is a fact question for the Appeals Officer and only clear error suffices to  
16 overturn the same. It was error for this Court to reweigh the evidence in this case, especially when  
17 there was *no evidence* that Claimant even attempted to correct the subject predisposing conditions.

18 **3. There Is No Requirement That The Annual Examining Physician Take The**  
19 **Claimant Off Work For The Condition Of NRS 617.457(11) To be Met**

20 The third finding of error was that Petitioner was "in good health" from 2008 to 2012, was  
21 allowed to continue working despite being ordered to correct conditions which were predisposing  
22 him to heart disease, and was given "minimal recommendations" to correct his predisposing  
23 conditions. However, again, these are simply not requirements under NRS 617.457. The statute  
24 requires the annual examining physician to inform the employee of conditions which are  
25 predisposing the employee to heart disease and order correction if warranted. There is no  
26 requirement that claimants must be taken off work, given work restrictions, or otherwise be  
27 deemed incapacitated or disabled as the result of any predisposing condition for the provisions of  
28 section (11) to take effect.

1  
2 As a practical matter, if every single police officer/firefighter who was assessed with  
3 predisposing conditions was deemed to be unfit for service until the condition was corrected, the  
4 municipal system of this State would grind to a halt. Whether the employee is fit for service is  
5 simply not a consideration under NRS 617.457. It was legal error to place a burden on the  
6 Employer that simply does not exist in the law as written.

7 **4. The Annual Examining Physician Does Not Treat The Employees**

8 Fourth and finally, this Court found error that the annual examining physicians did not  
9 prescribe any medications to Claimant. However, that is not the function of the annual examining  
10 physician. As has been noted ad nauseum in this Motion, for the purposes of this analysis, the  
11 annual examining physician is tasked with assessing predisposing condition and instructing the  
12 employees *what* to correct to avoid heart disease. There is simply no requirement for those annual  
13 examining physicians to instruct the employees on *how* they should correct. There is certainly no  
14 requirement that the annual examining physician undertake the treatment of the employee by  
15 prescribing medication.

16 Indeed, the annual examining physician is not a treating physician and does not provide  
17 any actual care for the employee. The only function of the annual exam is to determine fitness for  
18 duty and whether the employees have any conditions which are predisposing them to heart/lung  
19 disease. They simply do not prescribe medication or otherwise treat the employees. If the  
20 employees desire to seek medical management of their predisposing conditions, that is a personal  
21 decision of the employee which they are entitled to make for themselves. There is no requirement  
22 for the Employer or the annual examining physician to treat the conditions which are predisposing  
23 the employee to heart disease.

24 Put simply, this Court erred by reweighing the evidence and adding requirements to NRS  
25 617.457 which are not in the law. Respondents respectfully request a stay from this Court while  
26 Respondents contest the same at the Supreme Court.

27 ...

28 ...

1 IV.

2 **CONCLUSION**

3 Based upon all of the above, it is the belief of Respondents, LAS VEGAS  
4 METROPOLITAN POLICE DEPARTMENT, CANNON COCHRAN MANAGEMENT  
5 SERVICES, INC., (CCMSI), that a stay of this Court's Order dated April 5, 2021, is necessary to  
6 prevent irreparable harm to Respondents.

7 WHEREFORE, Respondents, LAS VEGAS METROPOLITAN POLICE  
8 DEPARTMENT, CANNON COCHRAN MANAGEMENT SERVICES, INC., (CCMSI),  
9 respectfully requests that this Court grant its Motion For Stay Pending Supreme Court Appeal.

10 DATED this 16 day of April 2021.

11 Respectfully submitted,

12 **LEWIS BRISBOIS BISGAARD & SMITH LLP**

13 By: \_\_\_\_\_

14 DANIEL L. SCHWARTZ, ESQ.

15 Nevada Bar No. 5125

16 JOEL P. REEVES, ESQ.

17 Nevada Bar No. 13231

18 2300 West Sahara Avenue, Suite 300

19 Las Vegas, Nevada 89102

20 *Attorneys for the Respondents*

1  
2 **CERTIFICATE OF MAILING**

3 Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on the  
4 16 day of April 2021, service of the attached **RESPONDENTS' MOTION FOR STAY**  
5 **PENDING SUPREME COURT APPEAL AND MOTION FOR ORDER SHORTENING**  
6 **TIME** was made this date by depositing a true copy of the same for mailing, first class mail, as  
7 follows:

8 LISA M. ANDERSON  
9 GREENMAN, GOLDBERG, RABY & MARTINEZ  
10 2770 S MARYLAND PKWY SUITE 100  
LAS VEGAS, NV 89109

11 LVMPD- HEALTH DETAIL  
12 ATTN: BERNADINE WELSH  
13 400 S. MARTIN LUTHER KING BLVD. BUILDING B  
LAS VEGAS, NV 89106

14 CCMSI  
15 ATTN: STEPHANIE MACY  
16 P.O. BOX 35350  
LAS VEGAS, NV 89133



17  
18 An employee of LEWIS BRISBOIS BISGAARD &  
19 SMITH LLP  
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1 **CSERV**

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3 **DISTRICT COURT**  
4 **CLARK COUNTY, NEVADA**

5  
6 Robert Holland, Petitioner(s)

CASE NO: A-20-818754-J

7 vs.

DEPT. NO. Department 21

8 Las Vegas Metropolitan Police  
9 Department, Respondent(s)

10  
11 **AUTOMATED CERTIFICATE OF SERVICE**

12 This automated certificate of service was generated by the Eighth Judicial District  
13 Court. The foregoing Order Shortening Time was served via the court's electronic eFile  
14 system to all recipients registered for e-Service on the above entitled case as listed below:

Service Date: 4/20/2021

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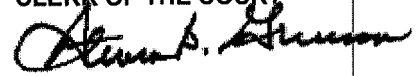
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10 Email: lanserson@ggrmlawfirm.com  
11 *Attorneys for Respondent*

12 **DISTRICT COURT**

13 **CLARK COUNTY, NEVADA**

14 ROBERT HOLLAND, )

15 Petitioner )

16 vs. )

17 CASE NO. : A-20-818754-J

18 DEPT. NO. : XXII

19 LAS VEGAS METROPOLITAN POLICE )  
20 DEPARTMENT, CCMSI and THE )  
21 DEPARTMENT OF ADMINISTRATION, )  
22 HEARINGS DIVISION, )

23 Respondents. )  
24 )  
25 )  
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27 )  
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29 **OPPOSITION TO RESPONDENT'S MOTION FOR STAY**  
30 **PENDING SUPREME COURT APPEAL**

31 COMES NOW, Petitioner, ROBERT HOLLAND (hereinafter "Respondent"), by and  
32 through his attorneys, LISA M. ANDERSON, ESQ., of the law firm of GREENMAN  
33 GOLDBERG RABY & MARTINEZ, and files this Opposition to Motion for Stay Pending  
34 Supreme Court Appeal filed by the Employer, LAS VEGAS METROPOLITAN POLICE  
35 DEPARTMENT, and the Insurer, CCMSI (hereinafter "Respondent"), by and through its

Greenman Goldberg Raby Martinez /  
ACCIDENT INJURY ATTORNEYS

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attorney of record, DANIEL L. SCHWARTZ, ESQ., of the law firm of LEWIS BRISNOIS  
BISGAARD & SMITH.

This Opposition is made and based upon the Points and Authorities attached hereto as  
well as all other pleadings and papers on file in this action.

Dated this \_\_\_\_\_ day of April, 2021.

GREENMAN GOLDBERG RABY & MARTINEZ

By \_\_\_\_\_  
LISA M. ANDERSON, ESQ.  
Nevada Bar No. 004907  
2770 South Maryland Parkway  
Suite 100  
Las Vegas, Nevada 89100  
Attorney for Petitioner

I

**POINTS AND AUTHORITIES**

**STATEMENT OF CASE**

On or about May 26, 2019, Petitioner, ROBERT HOLLAND (hereinafter "Petitioner"), reported the onset of an occupationally related disease of the heart that was contracted while in the course and scope of his employment as a police officer with Las Vegas Metropolitan Police Department (hereinafter "Respondent"). Petitioner had been employed with Respondent for approximately twenty-five (25) years (since September 11, 1987) before retiring (December 29, 2012) and subsequently filing this claim.

Petitioner timely notified Respondent of the occupationally related disabling disease of the heart and sought medical care from Summerlin Hospital Medical Center.

On May 29, 2019, Petitioner was admitted to Summerlin Hospital Medical Center, where he remained hospitalized until being discharged on June 4, 2019. Dr. Dost Wattoo diagnosed three (3) vessel coronary artery disease with stenting following two (2) heart attacks. Dr. Wattoo completed a C-4 form and confirmed that Petitioner's disabling heart disease condition was directly related to his employment. Dr. Wattoo reported that Petitioner was totally disabled from May 27, 2019 through June 17, 2019. Dr. Wattoo confirmed that further medical treatment was medically necessary. (ROA pages 167-194)

On July 20, 2019, Respondent's unnamed medical director suggested that Petitioner's May 26, 2019 claim for occupational heart disease was not compensable pursuant to NRS 617.440 or NRS 617.457. The medical director suggested that corrective action was given at the time of his annual physical examinations to "stop his testosterone therapy as it can contribute to heart disease." (ROA page 195)

1 On July 23, 2019, the Insurer, CCMSI (hereinafter "Respondent"), Respondent notified  
2 Petitioner that liability was denied for the May 26, 2019 claim for occupational heart disease.  
3 Respondent advised Petitioner that he did not meet the requirements for a claim for heart disease,  
4 occupational disease, or industrial injury. Respondent also advised that it was not established  
5 that Petitioner's condition arose out of the course and scope of his employment. (ROA pages  
6 196-199)  
7

8 Petitioner timely appealed Respondent's July 23, 2019 determination to the Hearing  
9 Officer.  
10

11 On September 17, 2019, the Hearing Officer (2001960-JK) affirmed Respondent's July  
12 23, 2019 determination denying liability for the May 26, 2019 claim for occupational heart  
13 disease. The Hearing Officer concluded that Petitioner failed to correct predisposing conditions.  
14 (ROA pages 200-201)  
15

16 Petitioner timely appealed the Hearing Officer's September 17, 2019 Decision and Order  
17 to the Appeals Officer.

18 On March 6, 2020, the Appeals Officer issued an Order for Briefing Schedule to the  
19 parties. (ROA pages 40-41)  
20

21 On April 7, 2020, Petitioner filed his Closing Brief. Petitioner argued that he has been  
22 diagnosed with a disabling disease of the heart and had attained the minimum length of  
23 employment requirement to qualify for the conclusive presumption for claim compensability  
24 under NRS 617.457. Petitioner also argued that he was never advised during any of his annual  
25 physical to discontinue testosterone therapy nor was testosterone therapy ever identified as a  
26 predisposing condition or a corrective measure. Lastly, Petitioner argued that his annual  
27  
28

1 physical from 2008 and to his 2012 retirement demonstrated that he took the necessary steps to  
2 correct his predisposing conditions. (ROA pages 33-39)

3 On May 4, 2020, Respondent filed its Written Closing Argument. Respondent argued  
4 that Petitioner "continuously" failed on multiple occasions to correct predisposing conditions.  
5 (ROA pages 23-32)  
6

7 On May 21, 2020, Petitioner filed his Reply Brief. Petitioner replied to Respondent's  
8 argument that he repeatedly and continuously failed to correct predisposing condition by  
9 pointing out that Petitioner's cholesterol and triglyceride levels steadily declined to a normal  
10 range. In fact, the 2012 annual physical confirmed that the only predisposing condition  
11 identified was abnormal hearing even though his triglycerides were slightly elevated. Since  
12 Petitioner's predisposing conditions had been correct to the point where the physician  
13 conducting the 2012 annual physician no longer identified cholesterol or triglycerides as needing  
14 correction, Petitioner reiterated that he qualified for the conclusive presumption for claim  
15 compensability under NRS 617.457. (ROA pages 17-22)  
16  
17

18 On July 27, 2020, the Appeals Officer affirmed the Hearing Officer's September 17,  
19 2019 Decision and Order affirming Respondent's July 23, 2019 claim denial determination. The  
20 Appeals Officer concluded that Petitioner was precluded from the conclusive presumption  
21 because he failed to correct predisposing conditions. The Appeals Officer based its conclusion  
22 on laboratory results that his triglycerides were elevated while hospitalized in 2019 due to his  
23 cardiac event. The Appeals Officer also cited a statement from the discharging physician in  
24 2019 that testosterone might affect his heart. (ROA pages 3-12)  
25

26 Petitioner timely filed a Petition for Judicial Review with the District Court.  
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On March 1, 2019, the District Court executed the Order Denying Petition for Judicial Review. The District Court found that:

First, the Court FINDS that the medical records did contain written instructions to Petitioner to correct predisposing conditions. However, the Court notes that these written instructions were much too general in nature to effect change to Petitioner's cholesterol, triglycerides, LDL Levels, and not at all specific and pointed. Rather, specific and pointed advice would have included recommendations that Petitioner adopt a given regimented diet plan and/or given regimented exercise routine, both programs of which would have laid out diet specific instructions as to what Petitioner could and could not eat, and specific exercise instructions as to what exercises Petitioner needed to complete, frequency, duration, etc.

The District Court also found that:

Second, with regard to the NRS 617.457(11) requirement that correction of the predisposed conditions be within Petitioner's ability, the Court FINDS that Petitioner's medical records do not contain sufficient documentation that correcting the predisposing conditions was within Petitioner's ability as contemplated by NRS 617.457(11). Specifically, the physician's recommendations of diet change and exercise programs, i.e. low fat diet, cardio, and 4 mg/day omega 2, etc., coupled with recurring testing of cholesterol, triglycerides, LDL, which primarily yielded unchanging results, is an insufficient basis to support the NRS 617.457(11) requirement that correcting Petitioner's predisposed conditions: cholesterol, triglycerides, LDL, was within the ability of the employee to control.

The District Court further found that:

Third, for the relevant period 2008 to 2012, the reviewing physicians that conducted Petitioner's annual physical examination concluded: 2008 - In conclusion with all the information that has been provided to me, it appears you are in good health and remain acceptable for employment; and for 2009 2012 - In conclusion with all the information that has been provided to me, it appears that the employee is in good health and remains acceptable for employment.

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The physician's minimal recommendations of a low fat diet, cardio, and 4 mg/day omega 2, combined with a finding that Petitioner was in good health suggest to this Court that Petitioner exercised good faith in adhering to the physician's recommendations. Additionally, there was no indication in the Record to the contrary. This, in fact, resulted in Petitioner receiving consecutive bills of good health from 2008 to 2012.

The District Court thus concluded that:

Lastly, the physicians did not prescribe any cholesterol, triglycerides, or LDL medication to further control Petitioner's cholesterol, triglycerides, LDL levels. This illustrates to this Court that Petitioner, in good faith, was doing what he was supposed to be doing, and despite following his physician's recommendations, Petitioner's inability to alter his cholesterol, triglycerides, or LDL levels suggests that Petitioner may have been incapable of correcting his predisposing conditions through diet and exercise alone. This negates the NRS 617.457(11) requirement that correction of the predisposed conditions be within Petitioner's ability.

Respondent appeals the District Court's Order Granting Petition for Judicial Review.  
Respondent also filed a Motion for Stay.

**II**

**LEGAL DISCUSSION**

**A. THE APPLICATION FOR STAY PENDING APPEAL IS UNWARRANTED**

An order for stay is not a right to be exercised, but a matter of judicial discretion to be used by the Court, when appropriate, upon application of a party. NRS 233B.140(3) provides that in making a ruling, the Court shall give deference to the trier of fact and consider the risk to the public, if any, of staying the administrative decision.

When considering an application for a stay order pending appeal, there are four factors which must be addressed:

///

- 1           1)       Whether the petitioner for the stay order has made a *strong* showing that it is
- 2                   likely to prevail on the merits of the appeal;
- 3           2)       Whether or not the petitioner has shown it would sustain irreparable injury absent
- 4                   the stay order;
- 5           3)       Whether or not the issuance of a stay order would substantially harm the other
- 6                   interested parties; and
- 7           4)       Where the public interest lies.

8                   Dollar Rent a Car of Washington v. Travelers Indem., 774 F.2d 1371, 1374 (Nev. 1975);

9                   American Horse Protection Assoc. v. Frizzel, 403 F.Supp. 1206, 1215 (Nev. 1975). In this

10                  matter, a stay is unwarranted as Respondent has failed to meet the burden of making a strong

11                  showing that it is likely to prevail on the merits or that it will sustain irreparable injury absent

12                  the stay order. Moreover, a stay is unwarranted because the issuance of a stay order will

13                  substantially harm one of the other interested parties and the public interest favors Petitioner.

14                  The administrative determination that is the subject of this appeal is tantamount to an attempt

15                  by Respondent to deny Petitioner workers' compensation benefits to which he is entitled.

16                  **B. RESPONDENT HAS NOT MADE A STRONG SHOWING THAT IT WILL**

17                  **PREVAIL ON THE MERITS.**

18                  In order to show that it will prevail on the merits, Petitioner has the burden of

19                  demonstrating that the Appeals Officer's decision was factually or legally incorrect and that the

20                  Appeals Officer acted arbitrarily or capriciously. NRS 233B.135(2); Campbell v. Nevada Tax

21                  Com'n, 853 P.2d 717 (Nev. 1993). In determining the appropriateness of the Appeals Officer's

22                  decision, this Court may not substitute its judgment for that of the Appeals Officer as to the

23                  weight of the evidence. N.R.S. 233B.135; SIIS v. Campbell, 862 P.2d 1184 (Nev. 1993);

24                  Campbell v. Nev. Tax Com'n, 853 P.2d 717 (Nev. 1993). On questions of fact, this Court is

1 limited to determining whether *substantial evidence* exists in the record to support the Appeals  
2 Officer's decision. Desert Inn Casino & Hotel v. Moran, 106 Nev. 334, 792 P.2d 400, 401-  
3 (1990); SIIS v. Swinney, 103 Nev. 17, 20, 731 P.2d 359, 361 (1987). Substantial evidence is  
4 "that quantity and quality of evidence which a reasonable [person] could accept as adequate to  
5 support a conclusion." State of Nevada Emplmt. Sec. Dept. v. Hilton Hotels Corp., 102 Nev.  
6 606, 607-08, 729 P.2d 497, 498 (1986), quoting Robertson Transp. Co. v. P.S.C., 39 Wis.2d 653,  
7 159 N.W.2d. 636, 638 (1968). In the instant case, Petitioner met its burden of demonstrating  
8 that the Appeals Officer's decision was factually and/or legally incorrect. Petitioner has also  
9 showed that the Appeals Officer acted arbitrarily or capriciously, and thus an abuse of discretion  
10 that warranted reversal. Thus, the District Court correctly granted Petitioner's Petition for  
11 Judicial Review.

#### 12 LEGAL ARGUMENT

13  
14  
15  
16 **1. The Evidence Supports The District Court's Order Granting Petition For**  
17 **Judicial Review As The Appeals Officer's Decision And Order Lacks**  
18 **Support In The Form Of Substantial Evidence Is Arbitrary Or Capricious,**  
19 **And Thus An Abuse Of Discretion That Warrants Reversal**

20 In its Motion for Stay, Respondent argues that it will prevail upon the merits of the appeal  
21 because this Court reweighed the evidence and substituted its judgement in the place of the  
22 Appeals Officer. Respondent's arguments lack merit and is a clear attempt to justify the Appeals  
23 Office's Decision and Order that was not based on substantial evidence. Petitioner maintains  
24 that substantial evidence supports that it was not within his ability to correct predisposing  
25 conditions that he was informed of in writing.

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Greenman Goldberg Raby Martinez  
ACCIDENT INJURY ATTORNEYS

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a. Respondent Asserts That The Annual Examining Physician Has No Requirement To Inform Petitioner How He Should Correct His Predisposing Conditions

Respondent's argument that its annual examining physician has to responsibility to provide Petitioner with methods to correct his predisposing conditions is in direct conflict with the language contained in the annual physical questionnaire form completed by the examining physician. In paragraph two (2) of the annual physical questionnaire completed by the physician, it states "we are enclosing methods by which the employee may correct these conditions in an effort to avoid any heart and/or lung complications in the future. These recommendations must be provided to the employee." The questionnaire then contains specific "corrective measures to be taken by the employee," including, but not limited to, losing weight and/or following up with primary physician due to abnormal tests. There is also a portion of the questionnaire that allows the annual examining physician to provide specific "corrective action" such as low fat diet, exercise, or a medication regimen. Thus, based upon the language of the annual physical questionnaire form Respondent provides to the annual examining physician, Respondent has clearly assumed responsibility for not only informing Petitioner of the existence of predisposing conditions but has also taken it upon itself to provide specific corrective measures.

b. Petitioner Took The Necessary Steps Within His Ability To Correct Any Potentially Predisposing Conditions

The Nevada Supreme Court in Manwill v. Clark Cty., 123 Nev. 238, 162 P.3d 876 (2007) held a claimant has no burden to disprove the failure to correct predisposing conditions did not lead to Petitioner's heart disease under NRS 617.457(11), or that no predisposing conditions exist, to receive the benefits under NRS 617.457. *See*, 123 Nev. 238, 242-44 (2007). The predisposing conditions section under NRS 617.457 has existed since 1973. NRS 617.457(11);

1 see, 1973 Nev. Stat. ch. 504, § 1, at 769. In 1989, the Nevada legislature set the current  
2 conclusive presumption found in NRS 617.457(1). 1989 Nev. Stat. ch. 480, § 2, at 1021. Since  
3 that time, the Nevada legislature has only expanded the ability for claims under NRS 617.457  
4 to be accepted. Compare NRS 617.457(1989) with NRS 617.457(2017); see also, Manwill, 123  
5 Nev. 238; Gallagher v. City of Las Vegas, 114 Nev. 595, 601, 959 P.2d 519, 522 (1998).  
6

7 The Manwill Court knew the existence of, and failure to correct, predisposing conditions  
8 would exclude a claimant from benefits under NRS 617.457. Manwill, 123 Nev. 238, 242-43.  
9 However, the Court found an injured worker has absolutely no burden to show they do not have  
10 any predisposition conditions and/or had the ability to correct them but failed to do so. See, *Id.*  
11 at 244. If such a burden and requirement existed, then the Nevada Supreme Court would have  
12 listed it as such, but instead merely requires Petitioner to “show only two things: heart disease  
13 and five years' qualifying employment before disablement.” *Id.* at 242-44. The injured worker  
14 in Manwill did not have to show the correction of a predisposing condition within their ability  
15 to correct nor did he have to show no predisposing conditions existed. *Id.*  
16  
17

18 As such, it is the opposing party's burden to meet the requirements under NRS  
19 617.457(11) to exclude a claimant from receiving the benefits under NRS 617.457, which states:  
20

21 NRS 617.457(11) Provides:

22 Failure to correct predisposing conditions which lead to heart  
23 disease when so ordered in writing by the examining physician  
24 subsequent to a physical examination required pursuant to  
25 subsection 4 or 5 excludes the employee from the benefits of this  
26 section if the correction is within the ability of the employee.

27 The Nevada Supreme Court provided a more in-depth interpretation NRS 617.457(11)  
28 in Emplrs. Ins. Co. of Nevada v. Daniels, 122 Nev. 1009, 145 P.3d. 1024 (2006). In Daniels,  
the Supreme Court applied the conclusive presumption of NRS 617.457, holding that the

1 employer had the burden to defend a claim for industrial disease using NRS 617.457(11), stating  
2 “An employer can defend a claim by showing that the employee failed to correct a predisposing  
3 condition”. *Id* at 1029. Nevada’s higher courts have heard subsequent matters on predisposing  
4 conditions, including most recently City of Las Vegas v. Burns (Unpub.). Ultimately the  
5 holdings in these matters reflect interpretation of NRS 617.457(11) based on the plain and  
6 ordinary language of the statute, giving each and every word full force and effect. The higher  
7 courts have held that if an injured worker’s efforts were insufficient to satisfy a correction of  
8 any potentially predisposing conditions, the burden of proof rests with the opposing party to  
9 show that the corrections were within the injured worker’s ability. Further, the language of the  
10 court’s holding in Burns reflects that the corrections must fall within the ability of the specific  
11 injured worker; Burns was expected to perform corrections within Burns’ ability, not a  
12 firefighter’s ability.  
13  
14

15 Here, the Petitioner maintains that his annual physical examinations show a consistent  
16 effort, however unsuccessful it may have proven, to control predisposing conditions. Any  
17 attempt by Respondent to force Petitioner to prove his actions on predisposing would constitute  
18 a shift of the burden on predisposing conditions to Petitioner, under the standards of Daniels and  
19 Burns. Under Daniels and Burns, Petitioner bears no burden to show by evidence the attempts  
20 to resolve his predisposing conditions under the order of his annual physicals. Instead, it is  
21 Respondent who must prove up their own argument and must adduce evidence that Respondent  
22 did not follow orders to correct predisposing conditions, and that those orders were within  
23 Petitioner’s ability to correct.  
24  
25

26 ///

27 ///

Petitioner maintains, with the support of the annual physicals from 2008 to his 2012 retirement that, to the best of his ability, he engaged in diet and exercise to correct the predisposing conditions when corrective actions were provided. In 2008, Petitioner was encouraged to engage in a low-fat diet. In 2009 and 2010, the annual examining physician provided no corrective actions. Then in 2011 and 2012, Petitioner was instructed to engage in a low-fat diet and take Omega-2 fish oil supplements. During this period, Petitioner's cholesterol and triglycerides remains at consistent levels. In fact, examining each annual physical's corrective actions, it is clear that in the five (5) years leading up to his 2012 retirement, Petitioner committed to "good faith" efforts to meet the orders set by the annual examining physician.

Petitioner's annual physicals leading up to his retirement simply do not support Respondent's assertion that Petitioner failed to correct predisposing conditions that were within his ability to correct. Normal cholesterol is 200. Normal triglycerides are 150. Optimal LDL is under 100 while near optimal/above optimal is between 100 and 129. The acceptable range for HDL is 40-60. These figures are contained in the blood work portion of his annual physicals. (ROA page 320)

	2008	2009	2010	2011	2012
Cholesterol	188	223	189	186	186
Triglycerides	175	177	130	159	181
LDL	125	153	128	117	120
HDL	28	35	35	37	30

///

///

1 From 2008 through 2012, Petitioner's cholesterol was 188 (2008), 223 (2009), 189  
2 (2010), 186 (2011) and 186 (2012). From 2008 through 2012, Petitioner's triglycerides were  
3 175 (2008), 177 (2009), 130 (2010), 159 (2011) and 181 (2012). In fact, Petitioner's 2012  
4 annual physical questionnaire signed by the examining physician confirms that the only  
5 predisposing condition indicated with an 'X' was abnormal hearing. (ROA page 302)  
6

7 There has been no substantial evidence submitted in the record to support a conclusion  
8 that completely correcting the potentially predisposing conditions was within Petitioner's ability.  
9 Respondent cites to no authority to suggest that a physician's order to correct a predisposing  
10 condition somehow presumptively puts that correction within the Petitioner's ability. Since  
11 there is no substantial evidence to support the conclusion that the correction was within  
12 Petitioner's ability prior to the diagnoses in question, any argument that Petitioner failed to  
13 correct any potentially predisposing conditions does not bar Petitioner from establishing his  
14 claim from industrial heart disease.  
15  
16

17 c. The Annual Examining Physician Does Not Address Disability But Has  
18 An Absolute Duty To Declare Petitioner Fit For Duty Based Upon The  
19 Results Of His Annual Physical

20 Respondent states that there is no requirement of the annual examining physician to take  
21 Petitioner off work, assign work restrictions or otherwise address work status as a result of any  
22 predisposing condition under NRS 617.457(11). While Respondent's aforementioned statement  
23 is correct, the purpose of the annual physicals is to verify that Petitioner remains fit for duty  
24 based upon the totality of the annual physical. As correctly noted by this Court, the annual  
25 physical questionnaire form completed by the examining physician contains a concluding  
26 statement that "the employee is in good health and remains acceptable for employment." Neither  
27 Petitioner nor this Court suggested that the annual examining physician was statutorily required  
28

1 to address work status, however, the annual examining physician without question certifies  
2 Petitioner fit for continued employment, as evidenced by the annual physical questionnaire form  
3 Respondent instructs its annual examining physicians to complete. Thus, it is Respondent, by  
4 way of its annual physical questionnaire form, and not NRS 617.457(11) that has injected the  
5 fitness for duty statement into these proceedings.  
6

7 **C. RESPONDENT WILL NOT SUFFER IRREPARABLE HARM.**

8 Respondent has the burden of demonstrating that it will suffer irreparable harm if the  
9 stay order is not issued. Dollar Rent a Car of Washington v. Travelers Indem., 774 F.2d at 1374;  
10 American Horse Protection Assoc. v. Frizzel, 403 F.Supp. at 1215. Respondent argues in its  
11 Motion that if the stay is not granted, it will be irreparably harmed because of the payment of  
12 benefits. This argument, however, is without merit since there are no Nevada Supreme Court  
13 cases that indicate irreparable harm results from the sole payment of money. To the contrary,  
14 the Nevada Supreme Court, in DIIR v. Circus Circus Enterprises, held that:  
15

16  
17 ...the object of workers' (sic) compensation social legislation is to  
18 provide the disabled worker with benefits during the period of his  
19 disability so that the worker and his dependents may survive the  
catastrophe which the temporary cessation of necessary income  
occasions.

20 101 Nev. 405, 408, 705 P.2d 645, 648 (1985). The court also indicated that "...it is clearly the  
21 injured worker and not the employer who is more likely to be irreparably harmed when  
22 immediate payment of benefits is contrasted with delayed payment pending the outcome of the  
23 hearing on the merits." Id. Petitioner is the party more likely to be harmed by the issuance of a  
24 stay since he would continue to be denied appropriate workers' compensation benefits currently  
25 being withheld.  
26

27 ///  
28

Greenman Goldberg Raby Martinez  
ACCOUNT RECOVERY ATTORNEYS

1       **D. THE ISSUANCE OF A STAY ORDER WILL SUBSTANTIALLY HARM AN**  
2       **INTERESTED PARTY.**

3       In determining whether or not to issue a stay, the Court must consider whether the  
4       issuance of a stay order will substantially harm an interested party. Dollar Rent a Car of  
5       Washington v. Travelers Indem., 774 F.2d at 1374; American Horse Protection Assoc. v. Frizzel,  
6       403 F.Supp. at 1215. In this matter, the issuance of a stay is unwarranted because it would  
7       substantially harm Petitioner, an interested party, by further delaying benefits for his  
8       occupationally related disease of the heart. Moreover, the continued delay of benefits is contrary  
9       to the policy expressed by the Nevada Supreme Court in DIIR v. Circus Circus Enterprises,  
10      supra.

11  
12      **E. THE PUBLIC INTEREST FAVORS PETITIONER IN THE INSTANT CASE.**

13  
14      In determining whether to issue a stay, the Court must consider where the public interest  
15      lies. Dollar Rent a Car of Washington v. Travelers Indem., 774 F.2d at 1374; American Horse  
16      Protection Assoc. v. Frizzel, 403 F.Supp. at 1215. A stay in this matter is unwarranted since  
17      there is no public interest which will be sacrificed by the Court's refusal to grant the stay.

18  
19      The issue in this case involves Respondent denying liability for Petitioner's claim for  
20      occupational heart disease. Substantial evidence confirms that Petitioner met the necessary  
21      criteria under NRS 617.457 to qualify for the conclusive presumption of claim compensability.  
22      Respondent has made no allegation that such action will force it into liquidation, necessitate the  
23      termination of employees, or result in any similar outcome that might affect the public interest.

24      ///  
25      ///  
26      ///  
27      ///  
28      ///

III

CONCLUSION

Respondent's Motion for Stay must be denied since it has not made a strong showing that it is likely to prevail on the merits of the appeal or that it will suffer irreparable harm. Moreover, Petitioner's interest will be adversely affected by the issuance of a stay order and the public interest will be unaffected either way. Based on the foregoing, Petitioner hereby respectfully requests that the District Court's Order Granting Petition for Judicial Review remain in force as entered, and that Respondent's Motion for Stay be denied.

Dated this 20<sup>th</sup> day of April, 2021.

GREENMAN GOLDBERG RABY & MARTINEZ

By: 

LISA M. ANDERSON, ESQ.

Nevada Bar No. 004907

2770 South Maryland Parkway

Suite 100

Las Vegas, Nevada 89109

Attorney for Petitioner

CERTIFICATE OF MAILING

I hereby certify that on the 20<sup>th</sup> day of April, 2021, I deposited a true and correct copy of the PETITIONER'S OPPOSITION TO RESPONDENT'S MOTION FOR STAY PENDING SUPREME COURT APPEAL in the U.S. Mails, postage fully prepaid, enclosed in envelopes addressed as follows:

Daniel L. Schwartz, Esq.  
LEWIS BRISBOIS BISGAARD & SMITH  
2300 West Sahara Avenue  
Suite 900, Box 28  
Las Vegas, Nevada 89102

*R. Wind*

\_\_\_\_\_  
An Employee of GREENMAN GOLDBERG RABY & MARTINEZ

**DISTRICT COURT  
CLARK COUNTY, NEVADA**

**Worker's Compensation  
Appeal**

**COURT MINUTES**

**April 23, 2021**

---

A-20-818754-J      Robert Holland, Petitioner(s)  
vs.  
Las Vegas Metropolitan Police Department, Respondent(s)

---

**April 23, 2021      11:00 AM      Motion**

**HEARD BY:** Clark Newberry, Tara      **COURTROOM:** RJC Courtroom 16C

**COURT CLERK:** Kathryn Hansen-McDowell

**RECORDER:** Robin Page

**REPORTER:**

**PARTIES**

**PRESENT:**      Anderson, Lisa M      Attorney  
Reeves, Joel      Attorney

**JOURNAL ENTRIES**

- Court noted it reviewed the Motion and the Opposition. Colloquy regarding whether the Respondent was seeking a reconsideration of the Court's decision granting the petition for judicial review and a stay. Mr. Reeves stated they had not specifically filed a motion for reconsideration but for a stay. Following arguments by counsel regarding the a stay pending an appeal; COURT stated its FINDINGS and ORDERED, Respondent's Motion for a Stay DENIED. Ms. Anderson to prepare the order, run it by opposing counsel and submit it to the Court.



1 NOAS  
DANIEL L. SCHWARTZ, ESQ.  
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Attorneys for Respondent  
7 Las Vegas Metropolitan Police Department and  
Cannon Cochran Management Services, Inc.  
8  
9

10 DISTRICT COURT  
CLARK COUNTY, NEVADA  
11

12 ROBERT HOLLAND,

13 Petitioner,

14 v.

Case No.: A-20-818754-J

Dept. No.: 21

15 LAS VEGAS METROPOLITAN POLICE  
DEPARTMENT, CANNON COCHRAN  
16 MANAGEMENT SERVICES, INC., and THE  
DEPARTMENT OF ADMINISTRATION,  
17 HEARINGS DIVISION, APPEALS OFFICE, an  
Agency of the State of Nevada,  
18

19 Respondents

20 NOTICE OF APPEAL

21 TO: ROBERT HOLLAND, Petitioner

22 TO: LISA ANDERSON, ESQ., Petitioner's Attorney

23 NOTICE IS HEREBY GIVEN that Respondents, LAS VEGAS METROPOLITAN POLICE  
24 DEPARTMENT and CANNON COCHRAN MANAGEMENT SERVICES, INC. (hereinafter  
25 referred to as "Respondents"), in the above-entitled action, hereby appeal to the Supreme Court of the  
26 State of Nevada from the attached "Order" entered in this action on or about April 5, 2021 which  
27  
28

1 denied Petitioners' Petition for Judicial Review and the "Notice of Entry of Order" filed on or about  
2 April 6, 2021.

3 DATED this 27 day of April 2021.

4 Respectfully submitted,

5 LEWIS BRISBOIS BISGAARD & SMITH LLP

6  
7  
8 By:

DANIEL L. SCHWARTZ, ESQ.

JOEL P. REEVES, ESQ.

LEWIS BRISBOIS BISGAARD & SMITH, LLP

2300 West Sahara Avenue, Suite 900, Box 28

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Attorneys for Respondents

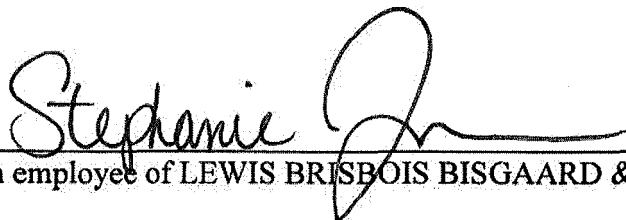
1 **CERTIFICATE OF MAILING**

2 Pursuant to Nevada Rules of Civil Procedure 5(b), I hereby certify that, on the 27 day of  
3 April 2021, service of the foregoing **NOTICE OF APPEAL** was made this date by depositing a true  
4 copy of the same for mailing, first class mail, as follows:

5 LISA M. ANDERSON  
6 GREENMAN, GOLDBERG, RABY & MARTINEZ  
7 2770 S MARYLAND PKWY SUITE 100  
LAS VEGAS, NV 89109

8 LVMPD- HEALTH DETAIL  
9 ATTN: BERNADINE WELSH  
400 S. MARTIN LUTHER KING BLVD. BUILDING B  
LAS VEGAS, NV 89106

10 CCMSI  
11 ATTN: STEPHANIE MACY  
12 P.O. BOX 35350  
LAS VEGAS, NV 89133

13  
14   
15 An employee of LEWIS BRISBOIS BISGAARD & SMITH LLP  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**DISTRICT COURT**  
**CLARK COUNTY, NEVADA**

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

The undersigned does hereby affirm that the preceding document, \_\_\_\_\_

**NOTICE OF APPEAL**

filed in case number: A-20-818754-J

☒ Document does not contain the Social Security number of any person.

**- OR -**

☐ Document contains the Social Security number of a person as required by:

☐ A specific state or federal law, to wit:

**- or -**

☐ For the administration of a public program

**- or -**

☐ For an application for a federal or state grant

**- or -**

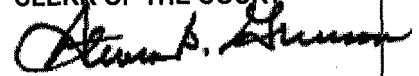
☐ Confidential Family Court Information Sheet  
(NRS 125.130, NRS 125.230 and NRS 125B.055)

Date: 4/27/2021

(Signature)

JOEL P. REEVES, ESQ.  
(Print Name)

RESPONDENTS  
(Attorney for)



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JOEL P. REEVES, ESQ.  
3 Nevada Bar No. 013231  
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Attorneys for Respondent  
7 Las Vegas Metropolitan Police Department and  
Cannon Cochran Management Services, Inc.

8 **DISTRICT COURT**  
9 **CLARK COUNTY, NEVADA**

10 ROBERT HOLLAND,

11 Petitioner,

12 v.

13 LAS VEGAS METROPOLITAN POLICE  
DEPARTMENT, CANNON COCHRAN  
14 MANAGEMENT SERVICES, INC., and THE  
DEPARTMENT OF ADMINISTRATION,  
15 HEARINGS DIVISION, APPEALS OFFICE, an  
Agency of the State of Nevada,

16  
17 Respondents.

Case No.: A-20-818754-J

Dept. No.: 21

18 **CASE APPEAL STATEMENT**

19 1. Name of Petitioners filing this case appeal statement:

20 Las Vegas Metropolitan Police Department and Cannon Cochran Management  
21 Services, Inc.

22 2. Identify the Judge issuing the decision, judgment, or order appealed from:

23 Hon. Tara Clark Newberry, District Court Judge

24 3. Identify all parties to the proceedings in the district court (the use of et al. to denote  
25 parties is prohibited):

26 Las Vegas Metropolitan Police Department, Cannon Cochran Management Services,  
27 Inc., and Robert Holland  
28

1 4. Identify all parties involved in this appeal (the use of et al. to denote parties is  
2 prohibited):

3 **Las Vegas Metropolitan Police Department, Cannon Cochran Management Services,**  
4 **Inc., and Robert Holland**

5 5. Set forth the name, law firm, address, and telephone number of all counsel on  
6 appeal and identify the party or parties whom they represent:

7 **DANIEL L. SCHWARTZ, ESQ.**  
8 **JOEL P. REEVES, ESQ.**  
9 **LEWIS BRISBOIS BISGAARD & SMITH LLP**  
10 **2300 W. Sahara Avenue, Suite 900, Box 28**  
11 **Las Vegas, Nevada 89102-4375**  
*Attorneys for Respondents*  
*Las Vegas Metropolitan Police Department and*  
*Cannon Cochran Management Services, Inc.*

12 **LISA M. ANDERSON, ESQ.**  
13 **GREENMAN GOLDBERG RABY & MARTINEZ**  
14 **2770 S. Maryland Parkway, Suite 100**  
15 **Las Vegas, Nv 89109**  
*Attorney for Petitioner*  
*Robert Holland*

16 6. Indicate whether Petitioners were represented by appointed or retained counsel in  
17 the district court:

18 **Petitioners were represented by retained counsel in the District Court.**

19 7. Indicate whether Respondent was represented by appointed or retained counsel in  
20 the district court:

21 **Respondent was represented by retained counsel in the District Court.**

22 8. Indicate whether Petitioners are represented by appointed or retained counsel on  
23 appeal:

24 **Petitioners are represented by retained counsel on appeal.**

25 9. Indicate whether Respondent is represented by appointed or retained counsel on  
26 appeal:

27 **Respondent is represented by retained counsel on appeal.**

1        10.     Indicate whether Petitioners were granted leave to proceed in forma pauperis, and  
2 the date of entry of the district court order granting such leave:

3                **Petitioners were not granted leave to proceed in forma pauperis.**

4        11.     Indicate whether Respondent was granted leave to proceed in forma pauperis, and  
5 the date of entry of the district court order granting such leave:

6                **Respondent was not granted leave to proceed in forma pauperis.**

7        12.     Indicate the date the proceedings commenced in the district court (e.g., date  
8 complaint, indictment, information, or petition was filed):

9                **The Petition for Judicial Review of the Appeals Officer's Decision of July 27, 2020,**  
10 **was filed on July 29, 2020.**

11        13.     Provide a brief description of the nature of the action and result in the district court,  
12 including the type of judgment or order being appealed and the relief granted by the district court:

13                **This is a workers' compensation case. On June 7, 2019, claimant ROBERT**  
14 **HOLLAND, (hereinafter referred to as "claimant"), a retired police officer, filed a claim for**  
15 **workers' compensation benefits based on two heart attacks that claimant suffered on May**  
16 **26 and 27, 2019. However, prior to his retirement, claimant was warned for several years**  
17 **that he was predisposed to heart disease based on elevated triglycerides and that if he did**  
18 **not correct the same he would be excluded from benefits. At his last physical in 2012,**  
19 **claimant's triglycerides were 181. When he presented to the hospital for the subject heart**  
20 **attacks, his triglycerides were 348.**

21                **Administrator denied this claim. Claimant appealed.**

22                **On September 17, 2019, the Hearing Officer affirmed claim denial. Claimant**  
23 **appealed.**

24                **On July 27, 2020, the Appeals Officer for Appeal Number 2004526-DM affirmed**

1 claim denial based on claimant's failure to correct conditions which were predisposing him  
2 to heart disease.

3 Claimant filed this Petition for Judicial Review, alleging that the Appeals Officer's  
4 July 27, 2020 Decision was erroneous.

5 On April 5, 2021, the District Court improperly reversed the Appeals Officer after  
6 improperly reweighing the evidence. Respondents therefore filed this appeal.

7  
8 14. Indicate whether the case has previously been the subject of an appeal to or original  
9 writ proceeding in the Supreme Court and, if so, the caption and Supreme Court docket number of  
10 the prior proceeding:

11 No.

12 15. Indicate whether this appeal involves child custody or visitation:

13 No.

14  
15 16. If this is a civil case, indicate whether this appeal involves the possibility of  
16 settlement:

17 No.

18 DATED this 27 day of April 2021.

19 Respectfully submitted,

20 LEWIS BRISBOIS BISGAARD & SMITH LLP

21  
22  
23 By:

24 DANIEL L. SCHWARTZ, ESQ.  
25 JOEL P. REEVES, ESQ.  
26 LEWIS BRISBOIS BISGAARD & SMITH, LLP  
27 2300 West Sahara Avenue, Suite 900, Box 28  
28 Las Vegas, Nevada 89102  
Attorneys for Respondents

**DISTRICT COURT**  
**CLARK COUNTY, NEVADA**

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

The undersigned does hereby affirm that the preceding document, \_\_\_\_\_

**CASE APPEAL STATEMENT**

filed in case number: A-20-818754-J :

☐ Document does not contain the Social Security number of any person.

**- OR -**

☐ Document contains the Social Security number of a person as required by:

☐ A specific state or federal law, to wit:

**- or -**

☐ For the administration of a public program

**- or -**

☐ For an application for a federal or state grant

**- or -**

☐ Confidential Family Court Information Sheet  
(NRS 125.130, NRS 125.230 and NRS 125B.055)

Date: 4/27/2021

(Signature)

JOEL P. REEVES, ESQ.

(Print Name)

**RESPONDENTS**  
(Attorney for)

*Steven D. Grierson*

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2 LISA M. ANDERSON, ESQ.  
3 Nevada Bar No. 4907  
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7 Las Vegas, NV 89109  
8 Phone: 702.384.1616 ~ Fax: 702.384.2990  
9 Email: landerson@ggrmlawfirm.com  
10 *Attorneys for Petitioner*

**DISTRICT COURT  
CLARK COUNTY, NEVADA**

9 ROBERT HOLLAND, )

10 Petitioner, )

11 vs. )

CASE NO.: A-20-818754-J

DEPT. NO.: XXI

12 LAS VEGAS METROPOLITAN POLICE )  
13 DEPARTMENT, CCMSI, and THE )  
14 DEPARTMENT OF ADMINISTRATION, )  
15 HEARINGS DIVISION, )

16 Respondents. )  
17 )

**NOTICE OF ENTRY OF ORDER**

18  
19 TO: All parties of interest.

20 YOU, AND EACH OF YOU, WILL PLEASE TAKE NOTICE that an Order was  
21 entered in the above-entitled matter on the 7<sup>th</sup> day of June, 2021, a copy of which is attached.

22 DATED this 7<sup>th</sup> day of June, 2021.

23 GREENMAN GOLDBERG RABY & MARTINEZ

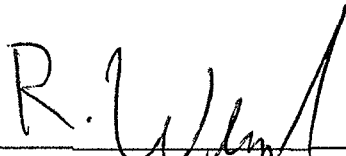
24  
25 *[Signature]*  
26 By: LISA M. ANDERSON, ESQ.

27 Nevada Bar No. 4907  
28 2770 South Maryland Parkway, #100  
Las Vegas, Nevada 89109  
Attorneys for Petitioner

**CERTIFICATE OF SERVICE**

Pursuant to NRCP 5(b), I certify that I am an employee of GREENMAN GOLDBERG RABY & MARTINEZ, and that on the 8<sup>th</sup> day of June, 2021, I caused the foregoing document entitled NOTICE OF ENTRY OF ORDER to be served upon those persons designated by parties in the E-Service Master List for the above-referenced matter in the Eighth Judicial District Court eFiling System in accordance with the mandatory electronic service requirements of Administrative Order 14-2 and the Nevada Electronic Filing and Conversion Rules and depositing a true and correct copy in a sealed envelope, postage fully prepaid, addressed as follows:

Daniel L. Schwartz, Esq.  
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An Employee of GREENMAN GOLDBERG RABY & MARTINEZ



LAW FIRM  
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*Heather S. Hume*  
CLERK OF THE COURT

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11 Attorney for Petitioner

DISTRICT COURT

CLARK COUNTY, NEVADA

10 ROBERT HOLLAND,  
11 )  
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Petitioner

vs.

CASE NO.: A-20-818754-J  
DEPT. NO.: XXI

LAS VEGAS METROPOLITAN POLICE  
DEPARTMENT, CCMEI and THE  
DEPARTMENT OF ADMINISTRATION,  
HEARINGS DIVISION,

Respondents.

**ORDER DENYING MOTION FOR STAY PENDING  
SUPREME COURT APPEAL**

This matter came before this Court on April 23, 2021 regarding Respondent's Motion for Stay Pending Supreme Court Appeal. LISA M. ANDERSON, ESQ. of the law firm of GREENMAN GOLDBERG RABY & MARTINEZ submitted documents on behalf of Petitioner, ROBERT HOLLAND. DANIEL L. SCHWARTZ, ESQ. of the law firm LEWIS BRISBOID BISGAARD & SMITH submitted documents on behalf of Respondent, LAS VEGAS METROPOLITAN POLICE DEPARTMENT and CCMSI.

1 After a review and consideration of the arguments of counsel, the Points and Authorities  
2 on file herein, and supplementation, the Court determined as follows:

3 Court noted it reviewed the Motion and the Opposition. Colloquy regarding whether  
4 Respondent was seeking a reconsideration of the Court's decision granting the petition for  
5 judicial review and a stay, Mr. Reeves stated they had not specifically filed a motion for  
6 reconsideration but for a stay. Following arguments by counsel regarding the stay pending an  
7 appeal; Court stated its FINDINGS and ORDERED, Respondent's Motion for Stay DENIED.  
8

9 The Court has assessed the four (4) factors as set forth in Fritz Hansen A/S v. Eighth  
10 Judicial Dist. Court, 116 Nev. 650, 657 and in light of the current posture of this case, has  
11 decided to DENY the Petition for Stay Pending Supreme Court Appeal.  
12

13 **1. Respondent has not made a strong showing that it will likely prevail on the merits**  
14 **of the appeal**

15 In this matter, a stay is unwarranted as Respondent has failed to meet the burden of  
16 making a strong showing that it is likely to prevail on the merits or that it will sustain irreparable  
17 injury absent the stay order. In order to show that it will prevail on the merits, Petitioner  
18 demonstrated that the Appeals Officer's decision was factually or legally incorrect and that the  
19 Appeals Officer acted arbitrarily or capriciously. NRS 233B.135(2); Campbell v. Nevada Tax  
20 Com'n, 853 P.2d 717 (Nev. 1993). In determining the appropriateness of the Appeals Officer's  
21 decision, this Court may not substitute its judgment for that of the Appeals Officer as to the  
22 weight of the evidence. N.R.S. 233B.135; SIIS v. Campbell, 862 P.2d 1184 (Nev. 1993);  
23 Campbell v. Nev. Tax Com'n, 853 P.2d 717 (Nev. 1993). On questions of fact, this Court is  
24 limited to determining whether substantial evidence exists in the record to support the Appeals  
25 Officer's decision. Desert Inn Casino & Hotel v. Moran, 106 Nev. 334, 792 P.2d 400, 401  
26 (1990); SIIS v. Swinney, 103 Nev. 17, 20, 731 P.2d 359, 361 (1987). Substantial evidence is  
27  
28



INJURY ATTORNEYS

1 "that quantity and quality of evidence which a reasonable [person] could accept as adequate to  
2 support a conclusion." State of Nevada Emplmt. Sec. Dept. v. Hilton Hotels Corp., 102 Nev.  
3 606, 607-08, 729 P.2d 497, 498 (1986), quoting Robertson Transp. Co. v. P.S.C., 39 Wis.2d  
4 653, 159 N.W.2d. 636, 638 (1968). In the instant case, Petitioner met its burden of  
5 demonstrating that the Appeals Officer's decision was factually and/or legally incorrect.  
6 Petitioner has also showed that the Appeals Officer acted arbitrarily or capriciously, and thus an  
7 abuse of discretion that warranted reversal.  
8

9 **2. Respondent will not suffer irreparable harm absent the stay order**

10 A stay is unwarranted because the issuance of a stay order will substantially harm one of  
11 the other interested parties and the public interest favors Petitioner. Respondent has the burden  
12 of demonstrating that it will suffer irreparable harm if the stay order is not issued. Dollar Rent  
13 a Car of Washington v. Travelers Indem., 774 F.2d at 1374; American Horse Protection Assoc.  
14 v. Frizzel, 403 F.Supp. at 1215. Respondent argues in its Motion that if the stay is not granted,  
15 it will be irreparably harmed because of the payment of workers' compensation benefits. This  
16 argument, however, is without merit since there are no Nevada Supreme Court cases that  
17 indicate irreparable harm results from the sole payment of money. To the contrary, the Nevada  
18 Supreme Court, in DHR v. Circus Circus Enterprises, 101 Nev. 405, 408, 705 P.2d 645, 648  
19 (1985), held that:  
20  
21  
22

23 ...the object of workers' (sic) compensation social legislation is to  
24 provide the disabled worker with benefits during the period of his  
25 disability so that the worker and his dependents may survive the  
26 catastrophe which the temporary cessation of necessary income  
27 occasions.

28 The court also indicated that "...it is clearly the injured worker and not the employer who  
is more likely to be irreparably harmed when immediate payment of benefits is contrasted with

1 delayed payment pending the outcome of the hearing on the merits." Id. Petitioner is the party  
2 more likely to be harmed by the issuance of a stay since he would continue to be denied  
3 appropriate workers' compensation benefits currently being withheld.

4  
5 **3. The issuance of a stay order will substantially harm an interested party**

6 In determining whether or not to issue a stay, the Court must consider whether the  
7 issuance of a stay order will substantially harm an interested party. Dollar Rent a Car of  
8 Washington v. Travelers Indem., 774 F.2d at 1374; American Horse Protection Assoc. v. Frizzel,  
9 403 F.Supp. at 1215. In this matter, the issuance of a stay is unwarranted because it would  
10 substantially harm Petitioner, an interested party, by further delaying benefits for his  
11 occupationally related disease of the heart. Moreover, the continued delay of benefits is contrary  
12 to the policy expressed by the Nevada Supreme Court in DIIR v. Circus Circus Enterprises,  
13 *supra*.

14  
15 **4. Public interest favors Petitioner in the instant case**

16 In determining whether to issue a stay, the Court must consider where the public interest  
17 lies. Dollar Rent a Car of Washington v. Travelers Indem., 774 F.2d at 1374; American Horse  
18 Protection Assoc. v. Frizzel, 403 F.Supp. at 1215. A stay in this matter is unwarranted since  
19 there is no public interest which will be sacrificed by the Court's refusal to grant the stay.  
20

21 The issue in this case involves Respondent denying liability for Petitioner's claim for  
22 occupational heart disease. Substantial evidence confirms that Petitioner met the necessary  
23 criteria under NRS 617.457 to qualify for the conclusive presumption of claim compensability.  
24 Petitioner demonstrated that the Appeals Officer incorrectly applied the law. Respondent failed  
25 to show the correction of Petitioner's predisposing conditions were within his ability to correct.  
26  
27  
28

1 Respondent has made no allegation that such action will force it into liquidation, necessitate the  
2 termination of employees, or result in any similar outcome that might affect the public interest.


3 In light of the foregoing, and the applicable of NRS 233B.140, Respondent's Motion for  
4 Stay Pending Supreme Court Appeal shall be DENIED.

5 Dated this \_\_\_\_ day of June, 2021.

Dated this 7th day of June, 2021

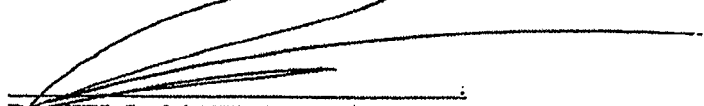
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8   
TARA CLARK NEWBERRY  
DISTRICT COURT JUDGE

9  
10 Submitted by: 759 314 BBD9 BE35  
11 GREENMAN GOLDBERG RABY & MARTINEZ Tara Clark Newberry  
District Court Judge

12  
13   
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1 CSERV

2 DISTRICT COURT  
3 CLARK COUNTY, NEVADA  
4

5 Robert Holland, Petitioner(s)	CASE NO: A-20-818754-J
6 vs.	DEPT. NO. Department 21
7 Las Vegas Metropolitan Police	
8 Department, Respondent(s)	

9

10  
11 **AUTOMATED CERTIFICATE OF SERVICE**

12 This automated certificate of service was generated by the Eighth Judicial District  
13 Court. The foregoing Order Denying Motion was served via the court's electronic eFile  
14 system to all recipients registered for e-Service on the above entitled case as listed below:

15 Service Date: 6/7/2021

16 Daniel Schwartz daniel.schwartz@lewisbrisbois.com

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1                   **IN THE SUPREME COURT OF THE STATE OF NEVADA**

2 LAS VEGAS METROPOLITAN  
3 POLICE DEPARTMENT; AND  
4 CANNON COCHRAN MANAGEMENT  
5 SERVICES, INC.,

6           Appellants,

7           v.

8 ROBERT HOLLAND,

9           Respondent.  
10

Supreme Court Case No.: 82843

District Court Case No.: A-20-818754-J

11  
12                   **APPELLANTS' APPENDIX VOLUME III**

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19 Attorneys for Appellants  
20 Las Vegas Metropolitan Police Dept. and  
21 CCMSI  
22  
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25  
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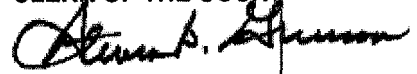
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Robert Holland

## INDEX TO APPELLANT'S APPENDIX<sup>3</sup>

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EMPLOYER'S WRITTEN CLOSING ARGUMENT FILED MAY 4, 2020	I	00023-32

<sup>3</sup> Note: This Appendix begins with the complete Record on Appeal exactly as it appeared in District Court. District Court documents follow the formal Record on Appeal beginning in Volume II.

<b>PLEADING, MOTION, ORDER, TRANSCRIPT, EXHIBIT</b>	<b>VOLUME</b>	<b>PAGE NUMBER</b>
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RESPONDENTS' MOTION FOR STAY OF DISTRICT COURT ORDER FILED APRIL 20, 2021	II	00427-446
TRANSMITTAL OF RECORD ON APPEAL FILED NOVEMBER 20, 2020	I	0001



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4  
5 DISTRICT COURT  
6 CLARK COUNTY, NEVADA

7  
8 ROBERT HOLLAND,  
9 Petitioner,

10 vs.

11 LAS VEGAS METROPOLITAN  
12 POLICE DEPARTMENT,  
13 Respondent.

CASE NO. A-20-818754-J

DEPT. XXI

14 BEFORE THE HONORABLE TARA CLARK NEWBERRY,  
15 DISTRICT COURT JUDGE  
16 WEDNESDAY, MARCH 10, 2021

17 **RECORDER'S TRANSCRIPT OF HEARING RE:**  
18 **PETITION FOR JUDICIAL REVIEW**

19 APPEARANCES BY VIDEOCONFERENCE:

20 For the Petitioner: LISA M. ANDERSON, ESQ.

21  
22 For the Respondent: JOEL P. REEVES, ESQ.

23  
24  
25 RECORDED BY: ROBIN PAGE, COURT RECORDER

1 Las Vegas, Nevada; Wednesday, March 10, 2021

2 \* \* \* \* \*

3 [Proceeding commenced at 2:27 p.m.]

4 THE COURT: Holland versus Las Vegas Metropolitan Police  
5 Department, Case Number A-20-818754-J.

6 MS. ANDERSON: Thank you, Your Honor, Lisa Anderson  
7 appearing on behalf of Robert Holland.

8 THE COURT: All right. Thank you.

9 MR. REEVES: And this is Joel Reeves on -- yes, and this is  
10 Joel Reeves on behalf of the Las Vegas Metropolitan Police Department  
11 and CCMSI.

12 THE COURT: All right. Thank you, Counsel. I have read the  
13 briefing on this.

14 Ms. Anderson, would you like to proceed with any argument?

15 MS. ANDERSON: Yes, Your Honor, just briefly.

16 This is a Nevada Workers' Compensation Industrial Disease  
17 Claim and it is a claim of special circumstances in that it is a police  
18 officer with a claim of heart disease. And there is a special statute  
19 carved out for police officers and firefighters in relation to their heart and  
20 lung claims. So specifically, the claimant is relying upon language that is  
21 contained in 617.457 and in addition to the Supreme Court cases that  
22 have been listed in claimant's briefing, including the *Manwill* case and  
23 *Gallagher versus Las Vegas, City of Las Vegas*.

24 The question that we have here is that it appears that the  
25 opposing counsel is arguing that the one thing that the claimants cannot

1 -- and the appeals officer kind of put this in their decision and order, but  
2 the one thing the claimant has failed to do is correct a predisposing  
3 condition and that based on his failure to correct this one predisposing  
4 condition, which is slightly elevated triglyceride levels, that the claimant's  
5 otherwise compensable heart disease should be denied.

6 It is unequivocally the claimant's position that the appeals  
7 officer has misinterpreted and, therefore, made a legal error in  
8 connection with the application of 617.457, especially in conjunction with  
9 the *Manwill* case. In this particular instance, it is the claimant's position  
10 before this Court that it is not his burden to prove what steps he took to  
11 correct the predisposing condition. And in the *Manwill* case, which came  
12 from the Nevada Supreme Court after the institution of the statute and  
13 [audio disruption].

14 THE COURT: Counsel, let me interrupt you just one second.  
15 I'm sorry, someone is typing on a keyboard and I cannot hear  
16 Ms. Anderson. If you're not Ms. Anderson, could you please mute  
17 yourself? All right.

18 Go ahead, Ms. Anderson, I apologize for interrupting you.

19 MS. ANDERSON: No problem.

20 So, specifically, that there is a part of a statute that has  
21 predisposing condition language, but it's the claimant's position that the  
22 Supreme Court clearly delineates that it's not the claimant's burden to  
23 show that any perceived failure to correct a predisposing condition  
24 excludes him from coverage under the statute. So if it's not the  
25 claimant's burden, then it begs the question that this should be the

1 employer's burden to show that any condition that they feel is a  
2 predisposing condition, number one, caused this heart condition at all  
3 and number two, was within the claimant's control.

4 And so, specifically, what we've briefed for you are the  
5 claimant's five physicals leading up to his retirement from Las Vegas  
6 Metropolitan Police Department, indicating that his weight, his blood  
7 pressure, his cholesterol levels, all of those predisposing conditions  
8 were never even mentioned by the physician that was performing his  
9 annual physicals and that there was a mention of triglyceride levels. But  
10 there was no specific corrective notice that was issued to the claimant.  
11 The doctor simply puts suggest a low fat diet, there's no  
12 recommendation to this claimant from the physician performing his  
13 annual physical that he's in any danger and there's no implication that  
14 there's a specific regimen that he needs to be following.

15 Notwithstanding, it's prudent for people who have warnings  
16 about their heart to take some action. So we took the opportunity to put  
17 in our reply brief the -- a little chart on page five that indicates the path of  
18 this claimant's triglyceride levels in those last five physicals, indicating  
19 that, you know, they start out relatively well at 175. It went up a little bit  
20 in 2009, it went way down in 2010, then it came back up a little bit in  
21 2011, and a little bit more in 2012.

22 It's the claimant's position that the fact that they are wavering  
23 at all is an implication that whatever he's doing and following for his diet  
24 is not having the desired effect on his triglyceride levels. But, again,  
25 through every single one of these physicals, which are in the record on

1 appeal, there's no warning signs from the physician performing the  
2 physical that he's in danger. Simply saying we suggest a low fat diet is  
3 not an implication that the claimant is entering into any self-harming type  
4 activity with regards with his heart. And all of his other factors, high  
5 cholesterol, blood pressure, weight, all of those are well within normal  
6 limits and he continues to be cleared to act as a police officer and  
7 protect this city, even with these slightly elevated triglyceride levels.

8           So it's the claimant's position that if we want to rely on that  
9 particular portion of the statute that indicates he has to control things  
10 within his power, it has to be proven to be within his power to control  
11 those. And -- but more importantly after you read the language in  
12 *Manwill* that is quoted throughout claimant's brief and reply brief, it's  
13 clear that the Supreme Court did not intend for the claimant to have this  
14 burden. The Supreme Court simply indicates that the claimant has to  
15 have his two years of qualifying employment and a disease of the heart  
16 in order to be eligible for this particular benefit as a result of his  
17 employment.

18           So the claimant has satisfied those burdens and is attempting  
19 to show to the Court the activities and the level of control he does or  
20 does not have over his triglyceride level. But absent from this record is  
21 any indication from a physician that this triglyceride level caused his  
22 heart condition in any way, shape, or form.

23           Secondly, the claimant would point to the language that's  
24 being relied upon and would indicated to this Court that the language is  
25 for active duty police officers. The statutes that are being quoted by the

1 employer clearly say that he has to participate in an annual physical  
2 while he is employed, which he did. And, specifically, on page 8 of their  
3 brief, there is Subsection 4 of the statute which says, and I quote, except  
4 as otherwise provided in Subsection 5, each employee who is to be  
5 covered from diseases of the heart, pursuant to the provisions of this  
6 section, shall submit to physical examination, including an examination  
7 of the heart upon employment, upon commencement of coverage and  
8 thereafter on an annual basis during his or her employment.

9           This claimant retired in 2012, his heart condition did not  
10 appear until 2019. So the claimant was not employed for seven years,  
11 not under a requirement to participate in an annual physical for fitness to  
12 duty and there is no indication in this statute post retirement of the  
13 claimant's obligations. Now, I'm certainly not arguing that you can just  
14 let yourself go and of course do self-harming activity. But the only level,  
15 even seven years later that is found to be in question when the claimant  
16 does suffer his heart condition, is this triglyceride level that the claimant  
17 was warned or at least cautioned about and has shown to you that he  
18 was minimally able to affect that particular number during his  
19 employment, much less after his employment.

20           So it is the claimant's continuing position that he has met  
21 every single requirement of him, pursuant to that statute and pursuant to  
22 the Supreme Court language and that, therefore, he is entitled to a  
23 compensable industrial disease claim for his disabling heart condition  
24 that has been identified throughout this record. And that the appeals  
25 officer below simply erred in reading this statute to indicate that the

1 claimant had the obligation of showing what his efforts were and why he  
2 could not control his triglyceride level.

3 And that is simply not the state of the law in relation to this  
4 particular statute. And, therefore, that is reversible error. And we ask  
5 that you find that after reading the record and reverse this matter so that  
6 the claimant may begin receiving his benefits as contemplated by the  
7 legislature of the Supreme Court in affecting this statute for the benefit of  
8 our first responders.

9 THE COURT: All right. Thank you, Ms. Anderson.

10 Go ahead, Mr. Reeves.

11 MR. REEVES: Yes, Your Honor.

12 I'd like to start out by saying this is not a legal error petition,  
13 this is a substantial evidence standard. Counsel's alleging that we have  
14 an error in the application of statute. Statutes are applied all the time in  
15 worker's compensation, it's a statutory beast. And just because a  
16 statute is involved, does not mean that it's a legal issue. This is in fact a  
17 statutory -- or rather a factual issue. Note how often the claimant's  
18 counsel was referencing triglyceride levels and what is and is not in the  
19 evidence.

20 This is an evidentiary issue and sitting as an appellate body,  
21 this Court must review this case for substantial evidence. There's no  
22 legal error here. And it's our position that the appeals officer decision is  
23 supported by substantial evidence. On the outset, it is true that the  
24 claimant does meet the -- does meet his burden to prove a compensable  
25 claim under 617.457. He has a necessary service, he has a proven

1 heart disease, he had a heart attack, and he has disability. He was in  
2 the hospital for a few days.

3 However, as claimant's counsel did note, under Section 11,  
4 that's conclusive presumption of claim compensability that can be  
5 removed if certain conditions are not met. Mainly, if the claimant fails to  
6 correct predisposing condition -- conditons when so ordered in writing by  
7 the examining physician and correction is within the ability of the  
8 claimant. So if you look at the evidence, if you look at page 74, you  
9 have this 2011 annual physical, he was ordered to correct his  
10 triglycerides, they were at 159. You look at page 82 at the record in the  
11 2012 physical, he was ordered to correct his triglycerides, they were at  
12 181. That was his last physical before he retired.

13 Then years later, when he filed this claim, his triglycerides  
14 were 348, almost double what they were when he was warned to correct  
15 them. We would submit that that's a failure to correct under  
16 617.457(11), claimant failed to correct a condition that he was warned in  
17 writing by his annual examining physician to correct. And he's not  
18 submitted any evidence to show that correction wasn't -- was within his  
19 ability.

20 So if you look at -- claimant wants to cite a lot to *Clark County*  
21 *versus* -- or *Manwill versus Clark County*, and that's at 123 Nev. 238.  
22 Claimant says that there's only two requirements in *Manwill*, however, if  
23 you look -- actually look at the *Manwill* case, if you look at Footnote 12, it  
24 comes right after the section that claimant's counsel is referring to.  
25 Footnote 12 explicitly states, but see NRS 617.457(6). This is the same

1 section that we're dealing with in this case. It says precluding a  
2 firefighter from benefiting from the conclusive presumption, if the  
3 firefighter fails to correct predisposing conditions that lead to heart  
4 disease when warned in writing to do so.

5           So even under *Manwill*, the claimant is citing the Supreme  
6 Court has said if a firefighter or police officer fails to correct a  
7 predisposing condition when they are warned in writing to do so, they  
8 are excluded from the conclusive benefit. That's clear. And that is  
9 reiterated in the case of *Employers Insurance Company versus Daniels*.  
10 That's a 2006 case, that's at 122 Nev. 1009. In that case the Supreme  
11 Court held that quote, and employer can defend the claim by showing  
12 that the employee failed to correct a predisposing condition, such as  
13 smoking or being overweight, after being warned to do so in writing.  
14 They don't say that there is any kind of burden shifting or anything of  
15 that nature. They say an employer can defend a claim if they show that  
16 the claimant failed to correct a condition that's predisposing them to  
17 heart disease.

18           And I would submit that that is when the burden does flip to  
19 the claimant to prove that it is within his correction or not to prove that  
20 the correction was or was not within his ability. And that's what the  
21 appeals officer found in this case. The appeals officer relied on these  
22 cases and found that the claimant didn't correct a predisposing condition  
23 that was predisposing him to heart disease and that he actually made it  
24 worse. He almost doubled his triglyceride risk.

25           So what are we actually looking at in this case, did the

1 appeals officer correctly apply the statute and if so, was it applied with  
2 substantial evidence. And it was. Claimant suggested that they don't  
3 have a -- that there's some burden to prove that the condition actually  
4 caused -- that the predisposing condition actually caused the heart  
5 disease. That is nowhere in the statute, nowhere. Nowhere is the  
6 employer or the appeals officer instructed to find or prove that any  
7 predisposing condition actually caused any heart disease. That's  
8 nowhere. That is completely made up whole cloth, not in the statute.

9 Further, there's no language in 617.457 limiting it to active  
10 duty. There's nothing in the statute limiting it to active duty. What's  
11 limiting -- what the statute says is that claimants have a burden to submit  
12 to annual testing and that if they submit to that annual testing and their  
13 annual examining physician finds that they have conditions which are  
14 predisposing them to them to heart disease and they don't correct them,  
15 then they are excluded from benefits. It does not matter one bit that this  
16 claimant is retired. He still has a duty to correct his predisposing  
17 conditions.

18 So we'd submit that the appeals officer got this one right, Your  
19 Honor. This is not a legal error case; this is a substantial evidence case.  
20 If there's substantial evidence sufficient to prove that the claimant was  
21 given orders to correct a predisposing condition; he was. You look at  
22 page 74 and 82 of the record; he was given those orders to correct the  
23 conditions. Did he correct them? No, they got worse. Look at page 117  
24 at his blood panel. Therefore, he's excluded. Then it's incumbent upon  
25 the Plaintiff to prove that correction was or was not within his ability to

1 correct it. There's no evidence of that, none, that he took any steps at  
2 all to correct his triglycerides.

3 In their reply brief, claimant's counsel cites to -- really they  
4 don't cite to anything, they simply state that the claimant's taken certain  
5 actions to correct his triglycerides. That's not in evidence, that's in a  
6 brief from Plaintiff's counsel. There's no evidence in this record on  
7 appeal to show the claimant took any actions to correct his triglycerides.

8 So based on the totality of the evidence, this decision was  
9 correct. The claimant has the duty to make a good faith effort to  
10 preserve his health and correct his conditions, which were predisposing  
11 him to heart disease. He does not do so and he's excluded from the  
12 benefits under NRS 617.457. That's what the appeals officer found in  
13 this case, there's no legal error. Substantial evidence was correctly  
14 applied and we'd submit that this Court should affirm the same. Thank  
15 you very much.

16 THE COURT: All right. Thank you, Counsel.

17 Brief response, Ms. Anderson.

18 MS. ANDERSON: Yes, I would just direct your attention back  
19 to Subsection 11, which was read by opposing counsel, and indicate that  
20 there is a connection being made in the statute between the predisposing  
21 conditions and heart disease. Specifically, it says failure to correct  
22 predisposing conditons which lead to heart disease when so ordered in  
23 writing. So this is open to interpretation as to which predisposing  
24 conditions lead to which heart disease.

25 There is zero evidence before this Court that these slightly

1 elevated triglycerides lead to the type of heart disease that this claimant  
2 has. The employer wishes to put a blanket over this condition and  
3 indicate that if you ever have any predisposing conditions during your  
4 physicals that you are somehow excluded from having a heart disease  
5 claim without connecting the particular predisposing condition to the  
6 disease that the officer initially is subject to. But not only that, it does  
7 say when ordered to do so in writing. And I would then go back to the  
8 physical and the language that's used and given to the officers at the  
9 time that they have their physical. There's no order.

10 And opposing counsel can be irate and upset, but these  
11 doctors do not stress this to these officers. They put, oh, your  
12 triglycerides are high, you might want to use a low fat diet. There's no  
13 order, there's no warning to the particular officer. And yet they are  
14 cleared to return to active duty, again, giving no urgency to the officer.  
15 Time after time, year after years, this officer passes his annual physical  
16 and is lead to believe that he has been treated -- examined for potential  
17 heart conditions that might be dangerous for his job and told he can go  
18 back to work and he's just told try to eat less fat and then go back to  
19 work. And then he has a heart attack and the employer says, oh, you  
20 didn't control your triglycerides, you don't get a claim.

21 The *Manwill* case is clear, *Manwill* came after the statute. The  
22 language is in the statute, a footnote is not the holding in *Manwill* and  
23 *Manwill* says that they are -- it's a conclusive presumption if you worked  
24 more than two years, you have a disease of a heart and it is disabling. If  
25 they wish to use the section of the statute that would disqualify it, they

1 have to show you more than a couple of physicals with a slightly  
2 elevated triglyceride level. There has to be a connection to this  
3 particular heart disease.

4 It's true that normally in worker's comp you have to show a  
5 direct causal connection to get an accepted claim, but the legislature  
6 took that away for heart and lungs for first responders. And they did it  
7 for a reason, to make it so that these people who put their lives on the  
8 line can have their heart and lung claims based on the cumulation of  
9 time that they have been providing this service and the multitude of  
10 exposures that they have. And this particular officer had a disabling  
11 heart attack and is entitled, under the statutes and under the language in  
12 *Manwill*, to an accepted heart claim and all of the benefits that would  
13 come with that.

14 THE COURT: All right. Thank you, Counsel, I appreciate the  
15 argument. This matter is submitted. I will have a decision out within the  
16 next ten days.

17 MS. ANDERSON: Thank you, Your Honor.

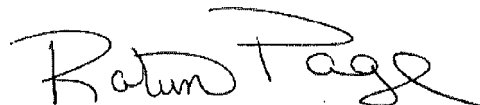
18 THE COURT: All right. Thank you, Counsel.

19 MR. REEVES: Thank you, Your Honor.

20 [Proceeding concluded at 2:50 p.m.]

21 \* \* \* \* \*

22 ATTEST: I do hereby certify that I have truly and correctly transcribed the  
23 audio/video proceedings in the above-entitled case to the best of my ability.

24 

25 Robin Page  
Court Recorder/Transcriber