

SENATE
COMMERCE & LABOR
COMMITTEE

Minutes of Meeting
Friday, March 25, 1977

The meeting of the Commerce and Labor Committee was held on March 25, 1977, in Room 213 at 1:00 P.M.

Senator Thomas Wilson was in the chair.

PRESENT: Senator Wilson
Senator Blakemore
Senator Ashworth
Senator Bryan
Senator Close
Senator Hernstadt

ABSENT: Senator Young

ALSO
PRESENT: See attached list.

The Committee considered the following:

S.B. 271 ALLOWS ACTION BY EMPLOYEE AGAINST NEVADA INDUSTRIAL COMMISSION IF IT FAILS TO PROVIDE NECESSARY MEDICAL ATTENTION (BDR 53-828)

CHAIRMAN WILSON stated that S.B. 271 is on the agenda for the purpose of taking further evidence on one matter. He stated that in the course of earlier hearings on this bill the facts and circumstances surrounding the administration of the Rush case was discussed. He stated the Committee decided to defer any kind of a report from the Commission and further evidence from the claimant until this day and time. Further stated this is not a general hearing on the bill but an attempt to get enough data into the record to inform themselves as to the handling of that particular case.

Mr. Riley Beckett, stated that pursuant to the directive of the Chairman, he has prepared copies of the opening brief of the appellants on the case of Ralph O. Rush and Mary Rush vs. the NIC,

as well as the reply brief and the respondents answering brief. (See Exhibits A, B, and C)

Mr. Beckett stated that on August 3, 1973, Ralph Rush incurred an industrial injury while working as a mechanic for the Western Nevada Diesel Sales. According to the report that the NIC received on August 13, 1973, Mr. Rush reported "working on trailer - got something into eyes". He was subsequently seen by Dr. Sellyei on August 9, 1973.

Mr. Beckett further stated that on August 6, 1973, Mr. Rush originally saw his treating doctor, Dr. Osborne, who referred him to Dr. Sellyei. On September 3, 1973, Dr. Sellyei admitted Mr. Rush to the hospital and subsequently removed foreign body from the right eye and cataracts from the left. It was reported the cataracts were secondary - possibly due to trauma. He asked the Committee to remember it was the left eye that was surgically removed.

SENATOR BLAKEMORE asked Mr. Beckett what was really in the eyes. Mr. Beckett stated that Mr. Rush could best answer that, that the report reflects "something flew up and into his eyes." It does not describe what it is. Mr. Beckett assumed that it was metal particles of some sort.

Mr. John Reiser (from the floor) indicated removal of shavings was made from the right eye.

Mr. Beckett continued:

On October 23, 1973, Dr. Sellyei informed the NIC that he had just discovered on that date a retinal detachment in the eye and per the wording of the letter the NIC assumed that "he" was setting up an appointment at one of the University Centers as he indicated that they would be a better facility to handle this. SENATOR ASHWORTH asked which eye was referred to and Mr. Beckett indicated the left eye.

During that time Mr. Rush did receive temporary total disability payments from September 2, 1973, up to and including September 8th. The NIC, in requesting further information as to Mr. Rush's

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status received a letter dated November 8 from Dr. Sellyei. By this letter quote: "retinal detachment was caused by a foreign body or not is extremely difficult for me to say because at no time could I see the back of the eye during or after the initial treatment."

By letter dated November 27th, Dr. Sellyei reported to NIC again that he was uncertain as to the cause of the retinal detachment and again reiterated that these facilities existed at a larger medical center.

By letter on December 13th, which the NIC received on December 17th, he indicated that he definitely felt that the retinal detachment was caused by the industrial injury. On the day that the NIC received that letter an appointment with Dr. Lonn in San Francisco was arranged. Mr. Rush was to see Dr. Lonn on January 7, 1974. Dr. Lonn saw Mr. Rush on January 7th and sent him home. On May 1, 1974, surgery was performed on Mr. Rush's left eye.

John Reiser stated that on January 16, 1974, Dr. Lonn wrote to Dr. Sellyei and said that it was not possible to visualize the retina at this 1/16/74 examination. After 3 days of trying to clear the eye so that he could visualize, he said it was impossible to predict how long the hemorrhage would remain. It was not possible to evaluate until the hemorrhaging cleared so he was sent home with periodic examinations by Dr. Sellyei.

Mr. Reiser stated that Mr. Rush was working on a grinding wheel as he understood it. Mr. Beckett stated that the accident occurred on August 3 and it was several days before he saw a treating physician. He stated he did work during that time and on August 9 saw Dr. Sellyei. October 23rd is the first time that anyone even knew of a retinal detachment. On September 5, 1975, the district court complaint was filed and it originally named John Reiser, Chairman, Don Breighner, the claims examiner and Dr. Richard

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Petty. Subsequently before that complaint was served, it was amended, and then named the NIC. Mr. Beckett stated Dr. Petty is the NIC physician who reviews these cases.

SENATOR WILSON stated that the issue here is where NIC either consciously or negligently deferred or neglected the authorization of treatment causing a delay, which in turn aggravated the injury and effected increased damage.

Mr. Beckett stated the case is before the Supreme Court. District Court threw the case out. He moved to dismiss and it was dismissed on quasi judicial immunity, on sovereign immunity; also on the aspect of citing California cases wherein you cannot sue for delay in medical treatment. Mr. Beckett said Dr. Sellyei did not try to attach the retina at that point and recommended that it should be done at a university center--that was what the problem was--who was to send him to the center.

Messrs. John Coffin and Mr. Rush came to the table.

Mr. Coffin stated Dr. Sellyei's letter to the NIC dated October 11th reflects the initial problem of NIC in deciding the claim. They just didn't believe that a cataract could form that rapidly. Dr. Sellyei indicated "I am personally quite against anybody obtaining claims from insurance companies for non-valid reasons, but it would seem that Mr. Rush may have a valid point". NIC was noticed on September 14th "in reply to your request as to why he was able to walk around with such a severe eye injury, may I suggest that the man was in severe financial distress and it was imperative for him to work."

On October 23rd Dr. Sellyei writes NIC advising "of the well healing cataract incision and the eye was healed to the point where he was able to visualize the retina, and he was found to have a retinal detachment which will require further evaluation at a retinal detachment center. He is therefore to be set up for an appointment at one of the university centers and will be notified as soon as the appointment has been made and he is able to see the physicians in charge."

Mr. Rush stated Dr. Sellyei asked him to call NIC and he talked to Mr. Breighner who is no longer there. He told Mr. Breighner that he understood that he had refused Dr. Sellyei's request to send him to see Dr. Lonn in San Francisco to get further surgery since they don't have the facilities here in Washoe. Mr. Breighner told him, according to Mr. Rush, that he had done all he was going to do. He didn't care what happened and he absolutely was not going to send him to San Francisco. Mr. Rush stated that he then went out and asked Mr. Coffin to represent him. Mr. Rush further stated that he didn't go to the center himself because he did not have the money.

On November 23rd Dr. Sellyei wrote to the Commission again:

"In regard to your statement that the Nevada Industrial Commission claim is to be refused on Mr. Ralph Rush unless that it is stated on my part that the retinal detachment was definitely caused by the injury, it must be stated that at this point, as it was in my last letter, that the cataract did not permit a view of the retina at the time of the injury. It is therefore impossible on anyone's part to state what exactly happened to the retina as a result of the injury. The type of retinal detachment that he has is the type that is seen frequently with injuries to eyes. I would be surprised if anyone in the world could look at the retinal detachment and say that it was definitely caused by that one particular injury. Too many changes occur to validly make that statement.

On the other hand, Mr. Rush is in fairly immediate danger of going blind if he is left untreated. A retinal detachment of this type does not resolve itself spontaneously and must surgically be corrected, if it is not even too late to do this. As I have stated before, the facilities only exist in larger medical centers and he is in need of treatment at such a place."

Mr. Coffin stated that he believed the date Mr. Rush came to see him was December 15th, he called NIC and was able to assist the decision to finally

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get Mr. Rush to San Francisco. Also he called Dr. Sellyei and instructed him as to what exactly was necessary. When he was sent down, on January 7, the plane took a sharp drop and Mr. Rush felt something in his eye. When he arrived at the center the eye had clouded with the hemorrhaging. When Dr. Sellyei had sent him down from Reno the eye was clear and he could look at the retina.

Mr. Coffin stated it is a question of fact as to whether these warnings amount to evidence of negligence sufficient for a cause of action. His part in backing this bill is that it should be at least a jury question. Now there is no machinery for that.

Mr. Beckett stated the treating physicians responsibility is to the patient. The NIC will pay for the accident benefits that are appropriate in the case. There was a question as to whether that detached retina had anything to do with the industrial injury. It was not even noted until October 23rd. Mr. Beckett read the letter of October 23rd. (See Exhibit D).

Mr. Beckett stated he thought that it was reasonable assumption by the NIC that Dr. Sellyei was setting that up. He stated nothing was done by the NIC at that point. Mr. Coffin stated Dr. Lawrence Lonn wrote him on August 8, 1974, at his request. (See Exhibit D).

Mr. Rush stated that he was under a truck burning a hole with a high speed drill on an aluminum frame and it comes off hot. Hit him in the left eye and he rubbed his eye with his hand which he shouldn't have done. A reaction. The company made no effort to get him to a doctor. His wife had to find him a physician. Financially he said they were in bad shape. Worked a month before Dr. Sellyei operated on him. About 3 months after Dr. Sellyei operated on him he stated the doctor indicated he should see a specialist. Stated they were not equipped here and did not have anyone here to do the work. He wrote to Dr. Petty and requested that he have the further treatment. NIC wouldn't give it to him and wrote Dr. Sellyei to that effect. Dr. Sellyei asked that Mr. Rush call and when he

was told by Mr. Breighner "definitely nothing more for you. Will not send you to San Francisco, you can go there or go to hell or wherever you want to go." Mr. Rush then went to see Mr. Coffin.

SENATOR ASHWORTH asked if he really said he could go there, or go to hell or wherever. Mr. Rush stated those were his words.

Mr. Coffin in response to SENATOR WILSON'S inquiry stated he favored the consequential damage approach.

SENATOR BLAKEMORE asked if anything was done to the employer. Riley Beckett was not sure what was done on that. He stated they did have the authority to take action against an employer.

CHAIRMAN WILSON asked for copies of all the letters referred to in the testimony. (See Exhibit D).

Mr. Coffin stated Mr. Rush received \$900.00 and he had advanced him \$200.00. Mr. Coffin stated he has received about \$100.00 so far.

Mr. Rush stated that the only time NIC showed any interest in him was when Dr. Sellyei removed his eye.

S.B. 340 REGULATES POLYGRAPH EXAMINERS (BDR 54-862).

Mr. Al Wittenberg, representing the Nevada Polygraph Association, stated the bill was introduced by SENATOR RAGGIO at their request. He said there have been major revisions to it in the form of A.B. 527 which the Assembly Committee on Judiciary was waiting to get. They have three other bills (A.B. 303, A.B. 518 and A.B. 423) and hearings are to be scheduled around April 1 or 2 to hear all as a package. He stated rather than appearing before this Committee and asking to amend this bill, they would like to hear all four pieces on the other side and indicated he had spoken to SENATOR RAGGIO. He further stated he would not be upset if the Committee killed this bill.

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Commerce & Labor Committee
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S.B. 340 Continued.

SENATOR BLAKEMORE moved to indefinitely postpone
S.B. 340.

Seconded by SENATOR HERNSTADT
Motion carried unanimously.

Mr. Mike Dyer from the Attorney General's Office
appeared and voiced no objection to indefinite
postponement.

S.B. 348 PROVIDES FOR ESTABLISHMENT OF BRANCH OFFICE OF
REAL ESTATE DIVISION OF DEPARTMENT OF COMMERCE
UNDER DIRECTION OF DEPUTY REAL ESTATE COMMISSIONER.
(BDR 54-1177).

The first witness was SENATOR NORMAN TY HILBRECHT, who stated the genesis of this bill was Senate Finance. This is basically a regulatory and not a finance matter, but in the real estate division budget there was a proposal based on a recommendation from the department head, and the division director, that a branch office manager be deleted from the Southern Nevada (Las Vegas) office of the division. Mr. McLeod, he said, told the Committee that the gentleman hadn't managed the office satisfactorily and apparently on occasion had exceeded his authority and therefore they were going to eliminate a branch office manager in Las Vegas. There was the feeling among several people on the Finance Committee that perhaps, because of information available, the office needed to be strengthened rather than weakened and that the deputy should be placed there.

SENATOR HILBRECHT stated a majority of the licenses of the division practice and live in Clark County. Some Senators from Clark County who campaigned recently will recall that one of the serious objections of the people in the real estate industry in Clark County was the fact that they were unable to maintain what they felt was the appropriate level of policing of the industry because of the fact that they could only get decisions out of the Carson City office. He stated he was asked by the Committee to have the bill drafted and the

Committee introduced it, feeling that this was a real problem that ought to be addressed.

He told the Committee about a client that he had represented and how he had to deal with the department. He did not discuss the merits of the case as it is in court. He stated he had contacted the then branch manager with an eye toward presenting the matter on a non-contested basis or on an agreed statement of facts, if you will, to the commission, who reviews these and passes judgment on licensure matters. He received a representation from the office branch manager that the agreed statement of facts that they arrived at after a few hours of reviewing the investigative file and interviewing people involved, would be accepted, and the matter would be presented in an expeditious manner to the next meeting of the Commission. After this oral agreement had been reached, and after it had been reduced to writing at his client's expense, by him, it was hand carried to the branch manager's office. SENATOR HILBRECHT found out later that apparently unopened, the envelope had been forwarded to Carson City where it was promptly rejected by a person who was identified to him as the deputy director who had the authority to pass on such presentations of agreed statements. The result of this was that the matter became a contested case under the Administrative Procedure Act and went to a full blown hearing (in addition to his client there was another individual involved) and that resulted in the drawing a full day of hearing of the Commission and expense to the State and subsequent appeals because the matter was not limited to agreed kinds of testimony, etc.

SENATOR HILBRECHT further stated he was not representing that the client he represented is right or wrong--just seems to him that he can identify several thousands of dollars of State money that has been unnecessarily dissipated because his client was willing to submit the case on an agreed statement of facts and he thought they had responsible men who had conducted the investigation and had agreed to this. He stated it is unworkable to wait the week, as he had, before finally receiving a telephone call from a gentleman in the Attorney

General's Office advising him that his superior had prescribed him from accepting that agreed statement of facts, and thereby necessitating the filing of a formal complaint by the State and proceeding to formal hearing. He feels that the people from the industry take the same position and this is not an isolated situation. That administratively it is unworkable to have a majority of the licensees in Las Vegas without having some speaking agent of the real estate division down there.

SENATOR HERNSTADT asked why the director couldn't be based in Las Vegas. SENATOR HILBRECHT indicated that would certainly be satisfactory with the real estate industry in Clark County.

SENATOR CLOSE asked if Finance has funded this position. SENATOR HILBRECHT responded that Finance has funded the budget that they have presented, but this position is now in Carson City.

Mr. Angus McLeod stated the District Court had ruled in the State's favor on all points and in fact actually said that nothing improper was done by the State and none of SENATOR HILBRECHT's clients' rights were violated. SENATOR HILBRECHT has now appealed to the Supreme Court.

Mr. McLeod continued to say the division can support part of the bill, that part being the statutory creation of a branch office in Las Vegas. However, they do object to the rest of the language in that the branch office is to be directed by the Deputy Administrator. The policy questions in the bill are two-fold. How much authority should a branch office have, should the director of branch office have authority equal to his superior, the administrator, and should the director of a branch office have authority to create policy on his own without approval of the administrator. There is no lack of authority in Las Vegas. That office, on its own, without any contact with Carson City initiates its own investigations and fully and thoroughly investigate those matters. Prepares cases against licensees for hearing before the advisory commission. The administrator, must in the final analysis,

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approve the issuance of the complaint. He stated this bill is seeking a delegation of authority to the branch office which the administrator and Legislature should not condone. That every administrator of this division needs a deputy administrator in the headquarters office so that easy access may be had for policy decisions, discussion and formulation. Moreover the land sales registration section, the agency personnel section and the agency accounting section are all properly located at the headquarters office in Carson City. The bulk of the division employees are in Carson City. Someone must be in this office to direct it and coordinate with other agencies located in Carson City in the administrator's absence.

Mr. McLeod said the second policy question is whether the Legislature should by statute direct the specific kinds of staff that shall man the various offices throughout the State. It seems that those are administrative decisions and violate the separation of powers as he understands them. If the Committee decides to pass this bill he recommends that the phrase "that the deputy administrator is under the supervision of the administrator" be added, and secondly that they forward this bill back to the budget committees and create a new additional unclassified deputy administrator's position.

Mike Melner, Director of Commerce, stated that he believed they would like more staff in Clark County. The Committee was told that the man working in Las Vegas now is an Investigator III. (Investigator III is higher than an Investigator I) and he has the same authority as the district office manager did or the deputy would.

SENATOR WILSON stated the Committee was sensitive to what may be a service problem and that is different from this bill.

Angus McLeod stated that the way they are structured requires a delay in certain matters because they have an advisory commission that advises on policy.

SENATOR ECHOLS indicated that his point is with service basically.

The Committee was concerned about the title of the person representing the division in Las Vegas.

Mr. Bill Cozart, of the Nevada Realtors Association, stated the Las Vegas Board of Realtors had met and by unanimous action (body of 1250 licensees) directed him to support this type of legislation. One of the biggest complaints involves the people there having the opportunity and the right and authority to investigate a complaint. They investigate the complaint but for some reason it is never brought to a hearing because of the faulty investigation or because the people in the north don't understand the people in the south and that is the general comment. They go through all the work and no complaints are ever filed. He stated they need someone there to be able to give them the answers.

SENATOR EUGENE ECHOLS said he believes the solution would be to upgrade the Southern Nevada office to a deputy director and make it available to whoever wants it. That person would pass on the decisions. No one in Southern Nevada is expecting to take away the decision making process of the director.

SENATOR BRYAN asked how many investigators the division has. Angus McLeod answered three in the north and three in the south.

ADMINISTRATIVE MEETING

SENATOR WILSON moved to "kill" S.B. 348.
Seconded by SENATOR HERNSTADT
Motion carried unanimously.

SENATOR ASHWORTH moved to submit a Committee letter to Senate Finance Committee saying that because of

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the workload and proper establishment of the southern office the Committee recommends that they fund an unclassified employee to administrate the southern office of the real estate division.

Seconded by SENATOR BRYAN.
Motion carried unanimously.

SENATOR CLOSE moved for an interim study of the three tier system with an overview of NIC rules and regulations and procedures.

Seconded by SENATOR ASHWORTH.
Motion carried unanimously.

S.B. 271: SENATOR ASHWORTH moved for indefinite postponement of S.B. 271.

Seconded by SENATOR BLAKEMORE.
Motion carried unanimously.

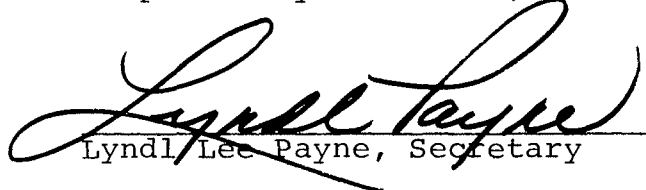
CHAIRMAN WILSON placed a request for a study resolution on building codes which authorized city and counties through the State regarding the application of safety and life support systems and standards.

BDR 53-829 RELATES TO PRIVATE INSURANCE CARRIER.

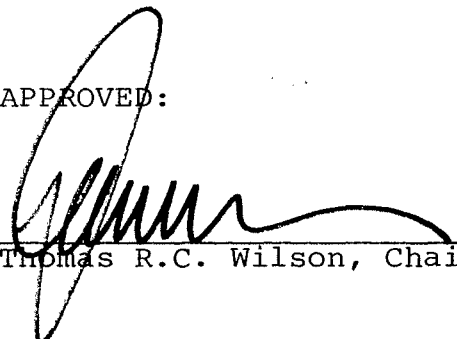
Introduction accepted.

There being no further business the meeting was adjourned at 6:30 P.M.

Respectfully submitted,


Lyndell Lee Payne, Secretary

APPROVED:


Thomas R.C. Wilson, Chairman

Senate

SENATE

AGENDA FOR COMMITTEE ON..... COMMERCE AND LABOR
Friday
Date March 25, 1977 Time 1:00 p.m. Room 213

Bills or Resolutions to be considered	Subject	Counsel requested*
S. B. 271	Allows action by employee against Nevada Industrial Commission if it fails to provide necessary medical attention (BDR 53-828)	
S. B. 340	Regulates polygraph examiners (BDR 54-862)	
S. B. 348	Provides for establishment of branch office of real estate division of department of commerce under direction of deputy real estate commissioner (BDR 54-1177)	

*Please do not ask for counsel unless necessary.



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TESTIFYING?	NAME	ORGANIZATION	ADDRESS	PHONE
yes	Angus W. M. Good	Div. of Real Estate	201 So. Fall - Reno	885-428
NO	Jeanne Hannafin	Div. of Real Est.	201 S. Fall	885-428
yes	Mary E. Rush	Self	2835 W. Ponded Way Reno	825-8580
yes	Ralph D. Rush	Self	2835 W. Ponded Way Reno	825-8580
yes	John T. Coffin	NIC Clinton NEV. DIV. 06	210 So. Sierra Reno	329-1163
NO	STEPHEN L. DACH	INVESTIGATION & SURV. NEV. DIVISION #4	430 JEROME ST DEN	885-4408
yes	George D. Wendell	Investigation & Surv.	430 Jernell Dr, CC	885-4408
yes	Richard E. Hall MD	NIC	218 Carville Ct, CC	885-5226
NO	KEVIN A. MAHER	NIC	4529 EL CANELA WAY LAS VEGAS	451-0130
NO	JOHN REISER	NIC	515 E. MUSSER CC	885-5281
NO	W. J. C. ROWELL	NIC - Legal ADV	515 E. MUSSER CC	885-5281
yes	Riley M. Beckett	NIC - Legal	"	885-5377
yes	KEV TULVER	P.L. LIC. BOARD	P.O. Box 1900 Reno	784-2451
yes	Bill Cozart	REALTORS	P.O. Box 7339 Reno	329-669
yes	Michael Weyer	Attorney General	Supreme Court Bldg	885-4170
NO	Debra Nambla	Attorney General	Supreme Court Bldg	885-4170
yes	Senator Elphrecht			
"	Senator Echols			
	Al Stittner	New Polygraph Assn		

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1 IN THE SUPREME COURT OF THE STATE OF NEVADA

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5 RALPH O. RUSH and MARY
RUSH,

No. 9058

6 Appellants,

7 vs

8 NEVADA INDUSTRIAL COMMISSION;
9 JOHN RESIER; DONALD BREIGHNER;
RICHARD PETTY; JOHN DOES I-X,
10 Individuals,

11 Respondents.

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15 APPELLANTS' REPLY BRIEF

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19 JOHN T. COFFIN, ESQ.
20 210 South Sierra Street
Reno, Nevada 89502

RILEY BECKETT, ESQ.
Nevada Industrial Commission
515 East Musser Street
Carson City, Nevada

21 Attorney for Appellants

22 Attorney for Respondents

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IN THE SUPREME COURT OF THE STATE OF NEVADA

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RALPH O. RUSH and MARY
RUSH,

No. 9058

Appellants,

vs

NEVADA INDUSTRIAL COMMISSION;
JOHN RESIER; DONALD BREIGHNER;
RICHARD PETTY; JOHN DOES I-X,
Individuals,

Respondents.

APPELLANTS' REPLY BRIEF

JOHN T. COFFIN, ESQ.
210 South Sierra Street
Reno, Nevada

RILEY BECKETT, ESQ.
Nevada Industrial Commission
515 East Musser Street
Carson City, Nevada

Attorney for Apellants

Attorney for Respondents

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1 IN THE SUPREME COURT OF THE STATE OF NEVADA

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5 RALPH O. RUSH and MARY)
RUSH,)

6 Appellants,)

No. 9058

7 v.)

8 NEVADA INDUSTRIAL COMMISSION;)
9 JOHN REISIER; DONALD BREIGHNER;)
10 RICHARD PETTY; JOHN DOES I-X;)
Individuals,)

11 Respondents.)

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1 other reason, fails to provide proper medical care. Thus, the pre-
2 cise question before this honorable court is the subject of a spec-
3 ific code section under California law. That code section provides
4 that any such controversies are exclusively within the jurisdiction
5 of the industrial commission. In Nevada, however, there is no
6 similar statutory mandate. In fact, the workmen's compensation
7 laws in Nevada and California are vastly different in that in our
8 State the commission itself, not only dictates and controls the
9 treatments of the claimants, but pays for such treatment, pays
10 compensation during disability, and pays any award for permanent
11 partial disability as a result of the industrial accident. The
12 Nevada Industrial Commission controls medical treatment by author-
13 izing or failing to authorize treatments recommended by the claim-
14 ants' attending physician.

15 In the instance of Mr. Rush, Nevada Industrial Commission
16 authorized the treating doctor to provide care for the cataract
17 condition which developed shortly after the initial trauma. But
18 when the treating doctor notified NIC that there was a further and
19 more serious condition discovered which required sending Mr. Rush
20 to a large medical facility, the commission neglected to give such
21 permission. There is no remedial Nevada Statute, as there is in
22 California, which requires NIC to pay for treatment obtained by the
23 claimant if wrongfully or negligently not provided by NIC. Also
24 different from California, is the fact that in Nevada there is no
25 independent body to appeal to for authorization of payment, since the
26 Commission itself has exclusive jurisdiction over what medical
27 treatment is authorized. After three months of disability due to
28 the injury, Mr. Rush was obviously in no financial position to be

1 able to go ahead and obtain the treatment on his own and then later
2 attempt to collect medical costs from NIC. Mr. Rush was indeed at
3 the mercy of NIC which refused to authorize the medical treatment
4 and thereby caused Mr. Rush to totally lose his left eye.

5 In addition to the very clear difference between the
6 workmen's compensation law in Nevada and in California and apparent
7 in the Noe case, supra, is the exclusion from the Noe ruling of
8 independent actions against treating doctors. The primary case
9 establishing this principal was Duprey vs Shane 249 P.2d#8: 20 3
10 (Calif. 1952).

11 In Duprey, supra, the claimant had been injured while
12 assisting her employer-doctor with the patient. Thereafter, the
13 claimant was treated by her employer-doctor in such a negligent
14 manner as to cause a further and distinct injury. Plaintiff re-
15 ceived an industrial award and thereafter brought suit against the
16 employer-doctor for medical malpractice. In upholding the trial
17 court's award for the claimant against the doctor, the California
18 Supreme Court sitting en banc stated:

19 "There can be no doubt, of course, that
20 so far as the original injury of December 8,
21 1947, is concerned, the employer being insured,
22 the remedy before the Commission is 'the
23 exclusive remedy against the employer for the
24 injury.'... It is equally true, and admitted
25 by all here concerned, that, in tort cases
26 generally, when a person is injured by a
27 tortious act and this injury is aggravated
28 by the negligence of the attending physician,
such aggravation of the injury is within the
scope of the risk created by the original
tortious act....

"It seems equally clear that when an
employee is injured in an industrial accident,
and the attending physician retained by the
insurance carrier is negligent and causes a
new injury, the employee may not only sue the
employer (or the carrier) before the commission,

1 but may also sue the doctor for malpractice.
2 The commission has no jurisdiction over that
3 action against the doctor. This result is
4 reached on the theory that a doctor in such
5 cases is a 'person other than the employer'
6 within the meaning of subsection 3852 of the
7 Labor Code which provides, in part, as follows:
8 'The claimant of an employee for compensation
9 does not affect his claim or right of action
10 for all damages proximately resulting from
11 such injury or death against any person other
12 than the employer.'" page 13 (emphasis added)

13
14 In the instant case Dr. Louis Selyei, the treating doctor,
15 recommended a course of treatment and warned that failure to promptly
16 render such treatment would likely result in the loss of Mr.
17 Rush's injured eye. Dr. Richard Petty, the doctor employed by NIC,
18 was essentially directing the treatment of Mr. Rush, as he does of
19 all claimants, in deciding whether the recommended treatment would
20 or would not be authorized. Dr. Petty refused such authorization.
21 Consequently Mr. Rush lost his eyesight. By analogy to the Calif-
22 ornia case of Duprey vs. Shane, supra, the NIC and Dr. Richard
23 Petty must be considered persons "other than the employer" referred
24 to in NRS 616.560.

25 Further insight into the California ruling can be obtained
26 from State Compensation Fund vs Superior Court 46 Cal. Reporter 891
27 (Calif., 1965), which is also heavily relied upon by respondents.
28 This case involves a common law action against the employers compen-
sation carrier for negligent inspection leading to an injury. The
California Court stated:

"This is a case of first impression in California on the precise point in issue. Other California cases which we will discuss furnish guidelines. In four other jurisdictions the question has been determined in favor of court jurisdiction, but since the problem is one of statutory interpretation and the statutes there being interpreted differ from California's system of workmen's compensation laws, the

1 force of stare decisis does not have the magnetic
2 pull it otherwise would have." page 892 (emph. ad.)

3 The court also pointed out in that case, as follows:

4 "...the Insurance Code provides that each policy
5 of compensation insurance shall contain a clause
6 under which the insurer assumes a direct and
7 primary liability for any proper claim." page 894

8 Thus it becomes apparent that the California court distinguished
9 three of the cases relied upon by appellants herein on the basis of
10 the California Statutes. In reviewing May vs Liberty Mutual Insur-
11 ance Company, 223 Fed 2d 174, the California court stated that the
12 ruling there was different because the law in the Mays case origin-
13 ally did not refer to the employer's insurer and when a subsequent
14 statutory amendment included such a reference, it did so in a
15 statutory section that was only concerned with procedural matters.
16 The California court distinguished Smith vs American Employer's
17 Insurance Company, 163 A 2d 564 (New Hampshire 1960), Nelson vs
18 Unionwire Rope Corp. 199 N.E.2nd 69 (Illinois 1964), and Fabricius
19 vs Montgomery Elevator Company, 191 N.W. 2d 361 (Iowa, 1963) as
20 follows:

21 "...since all of them involved statutes where no
22 attempt had been made by the legislature to ident-
23 ify the insurer with the employer in the suit auth-
24 orization provisions of the act." page 898

25 By necessary implications then the California court approved
26 the rule for the other jurisdictions and carefully delineated that
27 it was only the precise equation of the employer and the insurance
28 carrier under California Codes which gave rise to the rule that a
workmen's compensation claimant could not bring an action against
the insurance carrier for negligent medical treatment leading to a
new or exacerbated injury.

1 In the case of Hoffman vs Rogers 99 Cal reporter 455 (Calif
2 1972) the Plaintiff alleged malpractice against the doctor for mal-
3 practice in treating the industrial injury which caused a new and
4 exacerbated condition. The defendant doctor defended on the basis
5 that he was also an employee of the Plaintiff's employer. California
6 has a statutory provision similiar to that of NRS 616.560 (1) which
7 disallows personal injury suits against co-employees. In holding
8 that the plaintiff could bring an action against the doctor for
9 malpractice the California court anologized to the duel legal
10 personality theory of the Duprey case, supra. The court stated:

11 "That amendment can not be interpreted as over-
12 turning the rules established by the Duprey case.
13 In that case the defendant, Doctor Shane, was the
14 employer of the plaintiff, so that the statutory
15 language exculpating an employee would not make
16 any difference in his situation.

17 The point sought to be raised by Appellants herein is that
18 even the rule against actions against co-employees was thought by
19 the California courts to be superceded by the common law right of
20 the claimant to bring an action against the doctor for malpractice.

21 The case of Smith vs. American Employers' Insurance Company
22 163 A 2d 564 (New Hampshire 1960) is a case that is very similiar
23 to the case at bar. In that case an action was brought against the
24 workmen's compensation insurance company for negligent inspection
25 of the employer's premises. In rendering its verdict the New
26 Hampshire Supreme Court reviewed the statutory authorization in
27 New Hampshire which is very similiar to NRS 616.560.

28 "' When an injury for which compensation is
payable under the provisions of this chapter
has been sustained under circumstances creating
in some person other than the employer a legal
liability to pay damages in respect thereto, the
injured employee, in addition to the benefits of

1 this chapter, may obtain damages from or
2 proceed at law against such other persons
to recover damages;"

3 In upholding the claimant's right to proceed against the
4 insurance carrier, the New Hampshire Supreme Court stated:

5 "It is obvious that the words 'some person
6 other than the employer,' interpreted as they
must be in accord with their 'common' usage
7 (RSA 21:2) would include the defendant insurance
carrier....It is a person by statutory definition
8 (RSA 21:9) and in every sense one 'other than the
employer.' If a defendant is not to be so con-
9 sidered, it must be because the Legislature has
intended otherwise. However, an examination of
10 the pertinent provisions of (RSA ch. 281) fails
to disclose such an intent. Undisputably, there
11 is no such expressed exclusion of the insurance
carrier." page 567

12 "In summary, we are asked by the defendant
13 to construe a statute, which the Legislature
has directed should be liberally interpreted,
14 so as to bar the plaintiff from a fundamental
common-law right which she would otherwise have.
15 Furthermore, we are requested to do so in the
absence of any provision to this effect in the
16 law, either expressed or failure to be implied.
We do not believe we can properly do this." page 568

17 Section 616.560 of the Nevada Revised Statutes provides, in
18 part:

19 1. "When an employee coming under the provisions
20 of this chapter receives an injury for which
compensation is payable under this chapter and
21 which injury was caused under circumstances
creating a legal liability in some person, other
22 than the employer or a person in the same employ,,
to pay damages in respect thereof:

23 (a) The injured employee, or in case of death,
24 his dependents, may take proceedings against
that person to recover damages, but the amount
25 of the compensation to which the injured employee
or his dependents are entitled under this chapter,
26 including any future compensation under this
chapter, shall be reduced by the amount of the dam-
27 ages recovered."

28 This statutory provision is remarkably similar to that

1 considered by the Supreme Court of New Hampshire in the Smith case,
2 supra. If there is a prohibition against Mr. Rush's common-law
3 right to bring an action for general damages for negligent failure
4 to provide him with needed medical treatment, it must find its
5 source in the Nevada Industrial Insurance Act. Appellants have
6 been unable to find any such provision in Nevada Law. Although
7 California has ruled in accordance with Respondents' position here,
8 they did so with specific reference to statutes which are different
9 from those of Nevada. In fact, the California courts by necessary
10 implication have indicated that except for their statutory provis-
11 ions equating an employer with an insurer under the Industrial
12 Insurance Act, they would probably rule in accordance with the
13 Smith case. State Compensation Fund v Superior Court, supra.

14 Respondents have argued that to allow such a suit would
15 disrupt the entire scheme of the Nevada Industrial Insurance Act in
16 our State. Appellants believe that such a contention is without
17 merit. The Commission's failure to authorize treatment resulting
18 in the dire consequences of this case is, happily, rare. Without
19 such a cause of action the workmen of Nevada would be totally at the
20 mercy of the whims of NIC and their doctor when attending physicians
21 urgently recommend a specific course of treatment. To uphold NIC's
22 position from here is tantamount to holding that injured workmen
23 in this State must properly file his claim, must comply with all
24 directives as to where and when to get medical treatment, and then
25 must be financially able to pay for his own treatment should NIC
26 not authorize treatment recommended by the attending physician.
27 Appellants believe that such a result was never intended by the
28 Nevada Legislature in an enacting of the Industrial Insurance Act.

1 Appellants also believe that the California Rule stated in
2 Noe, Duprey v Shane, and State Compensation Fund, supra, would allow
3 such an action for negligence against the commission and against
4 Dr. Petty under the Nevada Statutes. There is no logical distinction
5 between Dr. Petty and the Doctor in the Duprey case. In both instances
6 the injured workmen's well-being is totally in the control of the
7 doctor who directs the treatment. Also, Nevada has not equated the
8 employer and the commission as California has.

9 Because of the difference of the Statutory schemes of the
10 two states it seems clear that the California Rule should not be
11 followed by Nevada. It is respectfully urged that fairness to
12 Nevada workmen dictates that the rule of Smith v American Employer's
13 Insurance Company, supra, be followed to permit the remedy to the
14 wrong suffered here by Mr. Rush.

15 Respondents claim that Mager v United Hospital of Newark
16 212 A 2d 664, Szydowski v General Motors Corp. 229 N.W. 2d 365 and
17 Jones v Laird Foundation, Inc. 195 S.E. 2d 821, are distinguishable
18 on their facts because in those cases the employee was injured as a
19 result of improper medical treatment by the employer's or the employ-
20 ers insurance carrier's own medical staff. It is respectfully submit-
21 ted that this is precisely the case before the court. Dr. Petty was
22 a member of Mr. Rush's employer's insurance carrier's staff, because
23 in this State, NIC is the insurance carrier.

24 Respondents state that Viriden V. Smith, 46 Nev. 208, and
25 NIC v Adair 67 Nev. 259, stand for the proposition that the Indust-
26 rial Insurance Act should be liberally construed, which apparently
27 means to respondents that the Industrial Insurance Act should be
28 construed to cut off common-law rights wherever possible. These

1 cases both involve questions of coverage under the Act and were not
2 at all concerned with the situation that we have before the Court.
3 It is illogical to assume that a ruling that the benefit section of
4 an Industrial Act should be liberally construed stands for the pro-
5 position that the Act should be liberally construed to cut off
6 common-law rights for actions which are beyond the scope of the act.

7 II. Respondents again assert that the NIC is immune to
8 common-law tort actions for any of their activities. But because
9 the Act is mandatory and the only industrial insurance allowable in
10 this State and because the commission authority over processing
11 claims of injured workmen is almost absolute, there must be some
12 machinery for protection of injured workmen from abuses by NIC. In
13 this instance, as in most cases, the NIC and its employee doctors
14 take no active part in the treatment of injured workmen. The totality
15 of their involvement is authorization of medical treatment recommend-
16 ed by attending physicians. Such actions are clearly "operational"
17 under Nevada Law.

18 The case of State v Webster, 88 Nev 690 (1972), seems
19 dispositive of this issue. The entire problem and the solution was
20 succinctly outlined by this honorable court.

21 "This State claims total immunity from
22 suit, on the ground that the failure to in-
23 stall a cattle guard at the point where U.S.
24 Highway 395 have joined the controlled-access
25 freeway was an act of discretion for which the
26 State was exempted from liability....Here, the
27 governmental function to be considered was the
28 construction of a controlled-access freeway.
It was not mandatory upon the State to con-
struct the freeway. It could have con-
tinued to maintain the two-lane highway between Reno
and Carson City. Whether or not, for the con-
venience of the traveling public, the State
would construct a controlled-access freeway
between the two cities or construct a portion

of the route was an exercise of discretion based upon policy. It's decision to do so was a discretionary act. Once the decision was made to construct a controlled-access freeway in the area where this accident happened, the State was obligated to use due care to make certain that the freeway met the standard of reasonable safety for the traveling public. This is the type of operational function of government not exempt from liability if due care has not been exercised and an injury results." page 693, 694

As applied to the facts of this case, the decision to accept the claim of Ralph Rush was arguably a discretionary act within the meaning of the Webster case, supra. But once the decision to accept the claim was made, the commission had the obligation to handle the case with due care. Since the commission did not take an active part in the medical treatment, their only function was to follow the advice of the treating doctor. The only action that the commission and Doctor Petty were called upon to take was to say either yes or no to the request to send Mr. Rush to a large medical facility for treatment. Whether the refusal to authorize that treatment was negligent or not is a question of fact for resolution by the trial court. However, it seems clear that Mr. Rush should be allowed to have this question determined, in as much as the act was certainly on the "operational" level of a political subdivision of the State of Nevada. As such, the acts complained of here were within the limited waiver of sovereign immunity of this State.

III. Respondents next claim that all of NIC's actions are quasi-judicial in character. It is respectfully submitted that the only true quasi-judicial function of the Nevada Industrial Commission is determining the extent of permanent partial disability and the amount of the award therefore. It is an arguably quasi-judicial

function for the commission to decide whether to accept a claim in the first instance. In NIC v O'Hare, 76 Nev. 107, this honorable court referred to the quasi-judicial character of NIC's act in rendering its final award. There was no comment regarding the ministerial actions of NIC in procuring recommended treatment for claimants during the course of the claim. Therefore it seems obvious that the O'Hare case, supra, does not support respondents' position.

Similarly in the Arizona case of Industrial Commission v Superior Court, 423 P. 2d 375 (Ariz. 1967) the court was concerned with the act of finally deciding the merits of a claim of an injured workmen. In referring to the issue before the Court, it was stated:

"The Industrial Commission, in making compensation awards, acts as a quasi-judicial body of limited jurisdiction." page 378

It is interesting that the Arizona court also discussed other phases of the activities of its commission.

"Liability for nonfeasance may attach when duty is ministerial, i.e., when it is in obedience to the mandate of legal authority and the act is to be formed in a prescribed manner without exercise of the officer's judgment as to the propriety of the act." page 379

It therefore seems clear that the cases cited by respondent are not authority for its position that all acts of employees of NIC are quasi-judicial in nature but only that the decisions of accepting an award and determining the extent and amount of disability are quasi-judicial in nature.

IV. From the briefest perusal of amended complaint it is clear that the fraud alleged was a characterization of the conduct

2 complained of rather than an allegation of the tort of fraud. As
3 has been acknowledged in both briefs and is apparent in the trans-
4 cript of the hearing on Defendants' motion for summary judgment,
5 counsel for plaintiffs below offered to strike the word fraud from
6 the pleading and leaving the other characterizations allowed by
7 statute to allege a cause of action for punitive damages. There
8 seems no logic in striking the entire cause of action where the term
9 fraud is pled in this fashion and for the stated purpose. It would
10 seem an extremely harsh rule in a notice-pleading state to rule that
11 an entire cause of action for punitive damages would fail where the
12 word fraud was used merely to characterize the conduct and where
13 plaintiff has offered to strike the word from the pleadings. Under
14 these circumstances it is submitted that the pleading party should
15 be allowed to strike the word fraud from his cause of action.

15 V. Respondents' final contention is that allowing a tort
16 action against NIC would condone an unconstitutional invasion of
17 the trust funds set aside for workmen's compensation. Yet in this
18 action as in any action against the State of Nevada or any of its
19 political subdivisions Plaintiffs are limited by statute and case
20 law to recovery of \$25,000.00. Prior to 1973 upon showing of need
21 NIC regularly paid out sums in excess of \$25,000.00 for the settle-
22 ment of claims of injured workmen. While the claim before the
23 court is not a work related injury in appellants' view, it was a
24 wrong committed by the employees of the State of Nevada. Under
25 these circumstances it would seem that the payment of any award,
26 whether obtained by way of settlement or jury verdict, would be paid
27 in same manner that successful claims against other political sub-
28 divisions of the State of Nevada are paid.

CONCLUSION

2 The central theme of appellants' position is that without
3 the right to bring a common-law action against NIC and the doctor
4 who refused to authorize needed medical treatment, Mr. Rush suffered
5 a civil wrong for which there is no remedy. As the Nevada Indust-
6 rial Insurance Act was designed to relieve Nevada workers from the
7 disastrous plight of suffering a disabling injury on the job,
8 that Act should not be utilized to bar common-law rights of action
9 where the negligence of the commission's employees aggravates the
10 original or causes a new and more serious injury.

11 RESPECTFULLY SUBMITTED.

12 Dated this 21st day of March, 1977.

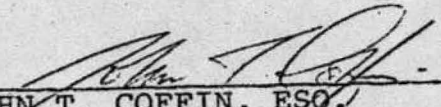
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16 _____
17 JOHN T. COFFIN, ESQ.
18 210 South Sierra Street
19 Carson City, Nevada
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Exhibit B

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IN THE SUPREME COURT OF THE STATE OF NEVADA

RALPH O. RUSH and MARY RUSH,

No. 9058

Appellants,

vs.

NEVADA INDUSTRIAL COMMISSION;
JOHN REISER; DONALD BREIGHNER;
RICHARD PETTY; JOHN DOES I-X,
INDIVIDUALS,

Respondents.

RESPONDENTS' ANSWERING BRIEF

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Attorney for Respondents.

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46 Nev. 208, at 211

38. 20. 111
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NRS 41.032

NRS 41.0337

NRS 47.250(9)

NRS 616.045

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NRS 616.560

NRS 616.625

NRS 616.630

Article IX, Section 2
Nevada Constitution

1 and again reiterated that these facilities only exist in large medical centers.

2 Dr. Sellyei finally, by letter dated December 13, 1973, (see ROA, Exhibit
3 "C" of the Points and Authorities in Opposition to Motion to Dismiss), stated
4 that he definitely felt that the retinal detachment, which Mr. Rush incurred,
5 was caused by the industrial injury. The Nevada Industrial Commission recei-
6 ved said letter on December 17, 1973, and on that very day, arranged an
7 appointment at Dr. Sellyei's referral to Dr. Lonn in San Francisco, Califor-
8 nia.

9 Dr. Lonn saw Mr. Rush on January 7, 1974 and he was sent home. (See ROA
10 Exhibit "B", Reply Points and Authorities in Support of Motion to Dismiss).
11 On May 1, 1974, four months after Dr. Lonn's first examination of Mr. Rush,
12 a retinal detachment surgery was performed on the left eye.

13 RUSH on September 5, 1975 filed a Complaint in the Second Judicial
14 District Court naming John Reiser, Don Breighner and Richard Petty. RUSH
15 subsequently filed an Amended Complaint on December 3, 1975, joining the NIC.
16 A demand and motion for change of venue was made and the Honorable Grant L.
17 Bowen subsequently ordered the case changed to the First Judicial District
18 Court.

19 The Motion to Dismiss was filed December 31, 1975, and after being full
20 briefed, oral argument was heard on June 14, 1976. At that time plaintiffs
21 in open court stipulated to dismiss Count V of their complaint. On July 12,
22 1976 the Honorable Frank B. Gregory entered an order granting defendants'
23 motion to dismiss. The appeal is taken from that order.

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A R G U M E N T

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As their first issue on appeal, RUSH raises the question as to whether the district court properly dismissed a common law action against the NIC as being barred by the exclusive remedy provision of the Nevada Industrial Insurance Act. A more succinct phraseology of this issue is whether the NIC is a "third person" within the contemplation of the Nevada Industrial Insurance Act.

RUSH in this action is not suing the NIC to collect any compensation due them under the Nevada Industrial Insurance Act (hereinafter referred to as NIIA). In fact to date RUSH has received in excess of \$36,000 of benefits under the act. Rather they are suing the NIC on the grounds that its negligence was responsible for his injury.

It is well established law consistently followed by this court that an employee's exclusive remedy for an industrial injury is restricted to such compensation as might be awarded under the NIIA. The recent case of Frith vs. Farrah's South Shore Corp., 92 Nev. A/0 133 (July 1976), expressed this holding and stated "[s]ince the enactment of the Nevada Industrial Insurance Act, Chapter III, 1913 Statutes of Nevada, this court has held that compensation by the Nevada Industrial Commission is the sole remedy exclusive of any rights of a common law action against an employer, where an employee incurs an injury as a result of an accident which arose out of and in the course of his employment. NRS 616.270; 615.370. See LTR Stage Line vs. Nev. Ind. Comm'n, 81 Nev. 626, 408 P.2d 241 (1965); Kennecott Copper Corp. vs. Reyes, 75 Nev. 212, 337 P.2d 624 (1959); See also, Jackson vs. Southern Pac. Co., 235 F.Supp. 388 (D. Nev. 1968); Howe vs. Diversified Builders, Inc., 69 Cal.Rptr, 56 (Cal. App. 1968)."

1 The NIIA like worker's compensation acts in other states, deprives
2 covered employees of the right to sue their employers at common law, while
3 guaranteeing them certain statutory sums from their employer in case of
4 accident or injury arising out of and in the course of employment. In effect,
5 the NIIA and similar acts of other states, limits the amounts recoverable to
6 lesser sums than an employee might recover at common law but makes such
7 amounts payable in every instance of work-connected injury, rather than in
8 just those instances where an employee can prove breach of common law duty.
9 But the NIIA and similar acts of other states, does not limit common law
10 rights of action against "some person other than the employer or a person
11 in the same employ." NRS 616.560 specifically allows both the injured
12 employee as well as the NIC to bring an action against a third party if the
13 "injury was caused under circumstances creating a legal liability in some
14 person other than the employer or a person in the same employ." It further
15 goes on to provide that if the injured employee brings the action and reco-
16 vers the NIC "shall have a lien upon the total proceeds of any recovery from
17 some person other than the employer, whether the proceeds of such recovery
18 are by way of judgment, settlement or otherwise. In no case shall the in-
19 jured employee or in case of his death, his dependents, realize double reco-
20 very for the same injury."

21 Under Nevada's workmen's compensation system, the Nevada Industrial
22 Commission is the exclusive workmen's comp carrier, except for the seven
23 remaining companys that had benefit plans in effect prior to July 1, 1947
24 that were grandfathered in. See NRS 616.256. Throughout the entire act it
25 is clear that the legislature intended that the Nevada Industrial Commission
26
27

1 fit into the shoes and take the place of the employer in handling workmen's
2 compensation benefits, and further the act contemplates that the employer
3 may rely on the NIC as a means of fulfilling his liability to his employees
4 under the Nevada Industrial Insurance Act.

5 RUSH is attempting to sue the NIC as a third party allegedly liable to
6 them for common law tort. The district court found that RUSH'S exclusive
7 remedy was under the NIIA and dismissed the common law action against the NIC.
8 If the NIIA specifically granted or denied the right to sue the NIC, this
9 court's task would be simple. Since it does not, the NIIA must be looked at
10 as a whole, considering its scope and purpose to determine the legislative
11 intent.

12 A reading of the entire act makes it evident that the Nevada legislature
13 considers the NIC as the alter ego of the employer. The following are but
14 a few of the applicable sections of the NIIA evidencing that fact.

15 NRS 616.220 states:

- 16 1. Adopt reasonable and proper rules to govern its procedure.
- 17 2. Prescribe the time within which adjudications and awards
18 shall be made.
- 19 3. Prepare, provide and regulate forms of notices, claims
20 and other blank forms deemed proper and advisable.
- 21 4. Furnish blank forms upon request.
- 22 5. Provide the method of making investigations, physical
23 examinations, and inspections.
- 24 6. Prescribe the methods by which the staff of the commis-
25 sion may approve or reject claims, and may determine the
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1 amount and nature of benefits payable in connection therewith.

2 Every such approval, rejection and determination shall be
3 subject to review by the commission. (Emphasis added)

4 7. Provide for adequate notice to each claimant of his
5 right:

6 (a) To review by the commission of any determination or
7 rejection by the staff.

8 (b) To judicial review of any final decision.

9 NRS 616.220 empowers the commission to "prescribe the methods by which
10 the staff of the commission may approve or reject claims, and may determine
11 the amount and nature of benefits payable in connection therewith. Every
12 such approval, rejection and determination shall be subject to review by the
13 commission." As previously noted in the Frith case, supra, NRS 616.270 and
14 616.370 make the industrial insurance act exclusive from any other liability
15 for recovery of damages or other compensation for an injury which arose out
16 of or in the course of the employee's employment. In furtherance of this,
17 the legislature requires under NRS 616.285 that if an employer has in his
18 services one or more employees, the terms and conditions of the Nevada Indus-
19 trial Insurance Act "shall be conclusive, compulsory and obligatory upon such
20 employer and his employee." In fact our legislature felt it of such a prime
21 importance that every employer and employee be covered under the Nevada In-
22 dustrial Insurance Act, that under NRS 616.630 if any employer fails to
23 secure compensation under the terms of the act, he shall be fined not more
24 than \$500 for each offense and if the commission or any interested employee
25 complains to the district attorney that his employer has violated the act,

1 "it shall be the mandatory duty of the district attorney to investigate the
2 complaints, and if after investigation he shall find that the complaint is
3 well founded, he shall prosecute the employer for the offense." That sec-
4 tion goes on to hold that if the district attorney neglects to investigate
5 the complaint, the attorney general's office is empowered to institute pro-
6 ceedings against the district attorney for a misdemeanor or to remove him
7 from office.

8 RUSH in their O.B. states that this is a case of apparent first impres-
9 sion in the State of Nevada and concedes that there is a large body of law
10 upholding the district court's ruling. (O.B. p. 6, l. 4-6) RUSH then cites
11 in their opening brief the cases of Nelson vs. Union Wire Rope Corp., 199 N.E.
12 2d 769, Fabricius vs. Montgomery Elevator Co., [miscited], 121 N.W.2d 361,
13 and Mays vs. Liberty Mut. Ins. Co., 323 F.2d 174. These cases have been
14 either rejected later or legislatively reversed. In the Nelson case, supra,
15 the Illinois Supreme Court interpreted Florida law and found that the insurer
16 was a third party and subject to suit. Subsequently Carroll vs. Zurich,
17 286 So.2d 21 (Fla.App. 1973) rejected the reasoning of Nelson and interpreted
18 Florida's statute to confer the immunity of the employer upon his carrier
19 against a common law action by an employee. In Fabricius case [Iowa], and
20 Mays case [federal court interpreting Pennsylvania law] the respective legis-
21 latures reversed the holdings. See 6 Iowa Code Ann., Section 88A.14 and Pa.
22 Stat. Ann. Title 77, Section 501.

23 RUSH also cites the cases of Mager vs. United Hospital of Newark, 212 A.
24 2d 664, Szydowski vs. Gen. Motors Corp., 229 N.W.2d 365, and Jones vs. Laird
25 Foundation, Inc., 195 S.E.2d 821, as analogous to this case. These cases
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1 are clearly distinguished on their facts, for the employee was injured as a
2 result of improper medical treatment by the employer's or his insurance car-
3 rier's own medical staff.

4 The issue in this case at bar does not involve any failure to make a
5 safety inspection at Mr. Rush's place of employment, or any direct negligent
6 medical treatment by an NIC employee, rather this case involves a situation
7 where RUSH alleges that any delay in medical services were attributable to
8 the NIC and give rise to an independent third party action.

9 The leading case in the area of delay in medical services attributable
10 to a carrier is found in Noe vs. Travelers Ins. Co., 172 Cal.App.2d 731, 342
11 P.2d 976. In that case plaintiff-employee injured her back during the course
12 of her employment. The defendant-insurance carrier of her employer undertook
13 to provide medical care. Subsequently the doctor chosen by the insurance
14 carrier recommended and requested authorization for surgery. Despite repeated
15 requests for such authorization the insurance carrier did not give its appro-
16 val until some 14 months later. Plaintiff filed suit alleging that as a
17 result of the delay, plaintiff's injuries became permanent, and that by such
18 action plaintiff was also entitled to punitive damages. The court in an in-
19 depth analysis of the workmen's compensation system, held that no cause of
20 action was stated. The employee's exclusive remedy was under the workmen's
21 compensation law. The court noted that the legislature did contemplate a
22 situation in which the employer or the compensation carrier refused reason-
23 able medical and surgical care with the statutory scheme providing a remedy
24 by petition to the commission. The courts went on to add the following
25 comment:

1 "...we must point out that if delay in medical service
2 attributable to a carrier could give rise to independent
3 third party court actions, the system of workmen's com-
4 pensation could be subjected to a process of partial
5 disintegration. In the practical operation of the plan,
6 minor delays in getting medical service, such as for a
7 few days or even a few hours, caused by a carrier, could
8 become the bases of independent suits, and these could
9 be many and manifold indeed. The uniform and exclusive
10 application of the law would become honeycombed with
11 independent and conflicting rulings of the courts. The
12 objective of the Legislature and the whole pattern of
13 workmen's compensation could thereby be partially nulli-
14 fied." Id. at 979

15 "Workmen's compensation contemplates a substitution of
16 the contractual rights and obligations which normally
17 flow between worker and employer with a complete and
18 exclusive statutory scheme based not upon contract but
19 upon status. The relationship of employer and employee
20 itself generates the rights and obligations; the legis-
21 lation describes the content and extent of those rights
22 and obligations." Id. at 977.

23 In the case of State Comp. Ins. Fund vs. Superior Court, 46 Cal.Rptr
24 891, the California District Court of Appeals issued a writ of prohibition
25 holding that an employee injured in the course of his employment could not
26 maintain a common law action in superior court for negligence against his
27 employer's compensation insurer based on insurer's alleged failure to ful-
28 fill its commitment with employer to inspect employer's plant. The court
29 specifically noted that "in seeking legislative intent courts must consider
30 the consequences which will flow from a particular interpretation." Id at
31 896. It reasoned that the public policy of the state concerning worker's
32 conditions would deteriorate if such a common law action would be allowed
33 against the insurance carrier because compensation carrier's would be com-
34 pelled either to strike the provision for inspection from their policies or
35 substantially raise their premiums to cover their exposure to greater monetary

1 outlays. This would defeat the principle purpose in worker's compensation in
2 fostering safe working conditions, especially if smaller employers were in-
3 volved.

4 Again in the case of Deauville vs. Hall, 10 Cal.Rptr. 511, the issue of
5 whether the injured employee could sue at common law for damages for aggra-
6 vation allegedly due to mistreatment by employer's first aid men, was held to
7 be within the exclusive jurisdiction of the industrial accident commission.
8 The court went on to reaffirm the rationale expressed in Noe vs. Travelers
9 Ins. Co., supra, "that independent suits would ultimately result in a break-
10 down in the system of compensation for industrial injuries and create unwar-
11 ranted confusion and increase unnecessary litigation, the rule is that for
12 whatever aggravated or increased disability arises out of any negligence on
13 the part of the employer or carrier in providing medical treatment, the
14 injured employee shall pursue his remedy therefor under the act." Id. at
15 514. [Emphasis added]

16 RUSH in his O.B. asserts that the tort complained of did not "arise out
17 of or in the course of his employment." The cases of Noe vs. Travelers Ins.
18 Co., supra; Deauville vs. Hall, supra; show this position is unfounded. The
19 facts of this case show that even after RUSH was seen by Dr. Lonn in San
20 Francisco on January 7, 1974, he was sent home to be seen at periodic in-
21 tervals and was not operated on till May 1, 1974, some 4 months after Dr.
22 Lonn's initial examination. The handling of this claim by the NIC in no way
23 contributed to the loss of RUSH'S eye.

24 The Fabricius vs. Montgomery Elevator Co., supra, Nelson vs. Union Wire
25 Rope Corp., supra, and Mays vs. Liberty Mutual Insur. Co., supra, cited by
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1 RUSH in his O.B. deals with the compensation carrier's failure to adequately
2 make safety inspections at the job cite. Besides the obvious non-sequitur in
3 comparing negligence in safety inspections to a delay in medical treatment
4 situations, the vast cases in negligent safety inspections cases of the work-
5 men's comp carrier have refused to allow such a common law action. The cases
6 of Modjski vs. Atwall, et al., 309 F.Supp. 119, and Brown vs. Travelers Ins.
7 Co., 254 A.2d 24, an indepth analysis involving the equating of the workmen's
8 comp insurer with the employer in the safety inspection area, quoted that the
9 vast weight of authority report the position that no common law action can
10 be brought against the employer's workmen's comp insurance carrier. As noted
11 in the Modski case, supra, the results reached in Fabricius vs. Montgomery
12 Elevator Co., supra, and Mays vs. Liberty Mutual Ins. Co., supra, have been
13 specifically abrogated by the Iowa and Pennsylvania respective state legis-
14 latures. It is noted also that even in the dissent in Brown vs. Travelers
15 Ins. Co., supra, Justice O'Brien concedes that the state compensation insur-
16 ance fund is immune from common law liability and finds numerous reasons for
17 attempting to distinguish the state fund from private carriers. Id. at 33.

18 RUSH in his O.B. cites the case of Markham vs. Pittsburgh Plate Glass
19 Co., 299 F.Supp. 240, for the proposition that any statute cutting off
20 common law rights should be narrowly construed. This court in construing
21 the Nevada Industrial Insurance Act has held that it is remedial legisla-
22 tion and should be liberally construed. Virden vs. Smith, 46 Nev. 208, at
23 211. NIC vs. Adair, 67 Nev. 259, at 269. In the latter case this court
24 noted that it is "one of the main purposes of the act [NIIA] - to have cases
25 of this fairly and competently handled by the statutory board, and thus
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1 greatly relieve the congestion of court calendars." *Id.* at 272. To allow
2 RUSH to have a common law action against the NIC in this case at bar would
3 encourage injured employees to accept compensation under the NIIA, and sue
4 the NIC if they should be somehow unhappy in the handling of their claim.

5 RUSH cites the case of First National Bank vs. District Court, 75 Nev.
6 77, stating that it is distinguishable on the grounds that the case was con-
7 cerned with whether the original injury fell under the Nevada Industrial
8 Insurance Act. The holding of that case, however, is almost analogous to this
9 case at bar. "At the present time not only has an award been made by the
10 commission, but that award has now been accepted by the plaintiff below. In
11 doing so, the plaintiff has accepted the industrial compensation so awarded
12 in lieu of any common law rights she may have had. This amounts to accord
13 and satisfaction of such common law rights and has accomplished a destruc-
14 tion of any right of action, merging it by accord with the compensation
15 award she has accepted in his place." *Id.* at 87. This situation is analo-
16 gous to the present case at bar. RUSH has accepted and received full medi-
17 cal benefits as well as a compensation award for his injuries which includes
18 the loss of his eye.

19 It can be seen throughout the entire NIIA as well as this court's con-
20 struing the NIIA that the NIC has been equated with the employer. In the
21 case of Santisteven vs. Dow Chemical Co., 506 F.2d 1216, the Ninth Circuit
22 Court of Appeals in dealing with a case on whether an employer had to indem-
23 nify a third party, the court specifically equated the employer with the
24 Nevada Industrial Commission stating that the "employer or in Nevada, the
25 state commission, is normally subrogated to the employee's rights ..."

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1 Finally the legislative intent in defining "compensation" and "damages" is
2 indicative that it did not intend to allow a common law action against the
3 NIC. "Compensation" is defined under NRS 616.045 as money allowance payable
4 to an employee or his dependents as provided by the NIIA, while "damages" is
5 defined under NRS 616.050 as meaning the recovery allowed in an action at
6 law as contrasted with compensation. Since the NIC is liable to pay compen-
7 sation, it would be unreasonable also to find the NIC to be liable to pay
8 damages while giving the NIC a subrogated interest and lien upon those dam-
9 ages. Thus the treating of the NIC as a third person under NRS 616.560 it
10 would be subrogated to rights against itself and entitled to collect back
11 any damages paid out. This is a logical incongruity!

12 II

13 NIC IMMUNE ON COMMON LAW TORT ACTIONS IN HANDLING CLAIMS.

14 RUSH'S second issue questions the propriety of the district court decid-
15 ing that the NIC is immune from suit. Specifically, the issue of discre-
16 tionary versus ministerial act is raised. Because the question of limited
17 waiver of sovereign immunity under NRS 41.032, as well as the issue of
18 whether the NIC's employees were acting in their official capacity and
19 entitled to quasi-judicial immunity, was raised in the motion to dismiss,
20 the NIC will consider both of these aspects.

21 A. NIC performed discretionary act in investigating further medical
22 treatment.

23 NRS 41.032 states:

24 I. Based upon an act or omission of an employee of the
25 state or any of its agencies or political subdivisions,
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1 exercising due care, in the execution of a statute or
2 regulation, whether or not such statute or regulation is
3 valid, provided such statute or regulation has not been
4 declared invalid by a court of competent jurisdiction;
5 or

6 2. Based upon the exercise or performance or the failure
7 to exercise or perform a discretionary function or duty on
8 the part of the state or any of its agencies or political
9 subdivisions or of any employee of any of these, whether
10 or not the discretion involved is abused.

11 This court in numerous cases dealing with the Nevada Industrial Com-
12 mission recognized the necessary discretionary acts in handling an indus-
13 trial injury claim. In the case of NIC vs. O'Hara, 76 Nev. 107, at 111,
14 this court stated "[w]e recognize the desirability of having the commission
15 or administrative tribunal assume a real responsibility for weighing and
16 considering the facts in the fields where it had peculiar competence. We
17 repeatedly referred to such experience and skill acquired by the administra-
18 tive tribunals in their respective spheres. This we may again confirm with
19 reference to administrative determinations, at the same time recognizing
20 that the final action and judgment of the administrative tribunal made in
21 the exercise of a quasi-judicial function is subject to judicial review."
22 In Provenzano vs. Long, 64 Nev. 412, at 427, it was again stated "[i]t is
23 conceded that quasi-judicial powers must necessarily be exercised by the
24 Nevada industrial commission in virtually every award that it makes. This
25 is true of many administrative boards and of many administrative officers,
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1 and is so patent that neither the listing of illustrations nor the citation
2 of authorities is required."

3 The NIC on first receiving the report of injury on this claim, was
4 notified only that foreign bodies had gotten into Mr. Rush's eyes. It sub-
5 sequently became aware that Mr. Rush had a secondary cataract on the left
6 eye and authorized and paid for all medical expenses connected in the remo-
7 val of said cataracts, together with the total disability payments for the
8 period that Mr. Rush was temporarily disabled and unable to work. It wasn't
9 until October 23, 1973, approximately three months after the date of the
10 original accident that Dr. Sellyei then discovered that RUSH had a detached
11 retina. Dr. Sellyei himself informed the NIC that "whether this was caused
12 by the foreign body or not is extremely difficult for me to say because at
13 no time could I see the back of the eye during or after his initial visit."
14 (See ROA, Exhibit "A", attached to Reply Points and Authorities in Support of
15 Motion to Dismiss.) In fact even when RUSH had his eye examined by Dr. Lonn
16 at the University of California in San Francisco, his condition was not con-
17 sidered urgent for an eye operation as the left eye had ditreous hemorrhage
18 and made it impossible to evaluate his retinal status until the hemorrhage
19 was cleared. Dr. Long recommended that he see RUSH for periodic intervals
20 to assess his eye, and did not operate till May 1, 1974, some 4 months after
21 the initial visit. (See ROA, Exhibit "B", attached to Reply Points and
22 Authorities).

23 RUSH in their O.B. cite Pardini vs. The City of Reno, 50 Nev. 401, and
24 McDonald vs. Virginia City, 6 Nev. 90, as analogous. Both of these cases
25 involve the erecting by governmental agencies of a street or wall, and the
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1 subsequent failure to maintain same. The courts found that the failure to
2 maintain the street or wall resulted in liability to the governmental entity,
3 who could not claim exemption as a discretionary function; these cases are
4 clearly a non-sequitur as far as this action is concerned.

5 The handling of an NIC claim involves a high amount of discretion and
6 judgment as decided in the above cases. NRS 616.220 as well as the commis-
7 sion's inherent ability to determine the amount and nature of benefits pay-
8 able in connection with an industrial accident, requires a high amount of
9 discretion and judgment with the claims examiner handling the claim, and
10 likewise with Chairman Reiser reviewing claims, establishing policy and super-
11 vising NIC employees. Dr. Petty as chief medical advisor to the NIC duties
12 are almost entirely discretionary. He is required to analyze medical infor-
13 mation in files presented to him to determine the extent of anatomical dis-
14 ability, whether the doctors are treating non-industrial problems in the same
15 claim and recommends alternatives if there is medical disagreement.

16 Generally speaking, a "discretionary act" within the meaning of the
17 doctrine of governmental immunity for liability for discretionary acts per-
18 formed by public officers and employees, is one which requires exercise in
19 judgment and choice and involves comparable decision of what is just and
20 proper under the circumstances. Burgdorf vs. Funder, 54 Cal.Rptr. 805.

21 RUSH in his O.B. places great reliance upon the case of Cohen vs.
22 United States, 252 F.Supp. 679, for the proposition that "planning" level
23 was under the discretionary exception, but it didn't apply to the "opera-
24 tions" level. It is worthy to note that this case was reversed on other
25 grounds. See 398 F.2d 689. In this case the court awarded the famous
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1 mobster Mickey Cohen, \$110,000 damages, which was set off against the
2 prior tax assessments of \$393,469.65 owed to the U. S. Government, as a
3 result of an assault by the known sociopathic prisoner. The assaulter had
4 just escaped from the administrative segregation where he had been placed
5 following an apparent threat made to another inmate. As a result of the
6 assault Mr. Cohen became lame and crippled permanently. The court found
7 that the duty of care owed to the Bureau of Prisons to federal prisoners
8 is fixed by detained USC, Section 402, which provides that the Bureau
9 "shall ... (2) provide suitable quarters and provide for the safekeeping,
10 care and subsistence of all persons charged with the conviction of offenses
11 against the United States or held as a witness or otherwise; (3) provide
12 for the protection, instruction and discipline of all persons charged with
13 or convicted of offenses against the United States." The court found that
14 the government was on notice of the assaulter's psychotic tendencies, and
15 that a duty of protection and safekeeping was owed, which was breached when
16 the government did not properly supervise the assaulter in that he escaped
17 his section, and subsequently assaulted Mr. Cohen. The court found that the
18 government was not entitled to the discretionary exemption under the federal
19 tort claims act, rather it was a ministerial duty by the Bureau of Prisons
20 to confine a known prisoner with psychotic tendencies to his section of
21 the prison, especially where the prison had ample security.

22 The public policy in assuring that public officers and employees are
23 left to perform discretionary duties without fear of subsequent reprisal and
24 litigation would be seriously hampered if not followed in this case at bar.
25 The claims examiner, chief medical advisor, and chairman of the NIC, are
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1 required by law to analyze each claim as it presents itself to insure that
2 the monies received in trust from the employers throughout the State of
3 Nevada are dispensed to injured employees, and those rendering necessary ser-
4 vices to aid injured employees. To require that mere delay in investigating
5 whether further medical treatment is related to an industrial injury gives
6 rise to possible tort liability in handling these discretionary functions,
7 could seriously cripple and stagnate the NIC by exposing its employees to
8 tort liability for acts that they are required by law to decide by virtue of
9 their position.

10 B. NIC EMPLOYEES ACTING IN QUASI-JUDICIAL CAPACITIES.

11 This court has especially recognized that the Nevada Industrial Com-
12 mission acts in a quasi-judicial capacity.

13 "In the administration of the important duties imposed
14 upon the Nevada Industrial Commission, that commission
15 will doubtlessly often be required, as it interprets its
16 duties, to reject claims in whole or in part and both
17 upon questions of fact and law." State vs. NIC, 40 Nev.
18 220, at 226.

19 "While granting the fact that many of the acts of the
20 commission are quasi-judicial, the court still insists
21 that it is in no sense a judicial body but is distinctly
22 an administrative body ... It is conceded that quasi-
23 judicial powers must necessarily be exercised by the
24 Nevada Industrial Commission in virtually every award
25 that it makes." Provenzano vs. Long, 64 Nev. 412, at
26 426-427.

27 "The court will recognize the desirability of having
the commission or administrative tribunal assume a real
responsibility of weighing and considering the facts in
the field where it has particular confidence. We re-
peatedly refer to such experience and skill required by
the administrative tribunals in their respective spheres.
This we may again confirm with reference to administrative
determinations, at the same time recognizing that the
final action and judgment of the administrative tribunal

1 made in the exercise of quasi-judicial function is
2 subject to judicial review." NIC vs. O'Hara, 76 Nev.
3 107, at 111.

4 RUSH in this matter never resorted to seeking review before the commis-
5 sioners of the NIC in this matter. In fact the file is void of any reference
6 to how Chairman Reiser is involved in this matter. If in fact RUSH was con-
7 cerned about the urgency in being referred to a larger medical center why
8 didn't he have Dr. Sellyei make the appointment as the doctor had indicated,
9 or at least request a review by the commissioners of the NIC, and if unsatis-
10 fied with their decision, then seek judicial review. These remedies clearly
11 provide sufficient relief in this case at bar.

12 The case of Industrial Commission vs. Superior Court, 423 P.2d 375,
13 (Arizona 1967) is on all fours with this case at bar. In that case an
14 injured employee and his wife brought a complaint for damages against Ari-
15 zona's Industrial Commission. The employee alleged that he was injured
16 in the course of his employment and made claim for compensation to the indus-
17 trial commission. After some administrative proceedings, the claim was denied
18 for lack of jurisdiction. Thereafter, the employee appealed to the Arizona
19 Supreme Court. The Supreme Court upon stipulation of the parties ordered
20 that the action be remanded to the Industrial Commission to be set for a
21 hearing on the merits. Thereafter, the employee alleges that further hear-
22 ings by the Industrial Commission were cancelled, and finally, the Industrial
23 Commission again refused to hear the matter on the merits alleging lack of
24 jurisdiction. Based on that, the employee filed a civil action for damages
25 against the commission and also requested punitive and exemplary damages.

26 The Arizona Court of Appeals held that the Industrial Commission in
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1 making compensation awards acts as a quasi-judicial body of limited juris-
2 diction, and that the commissioners were entitled as a matter of law to
3 immunity from suit and the complaint should have been dismissed. The court
4 found that the commission had exclusive jurisdiction subject to appellant
5 review to determine all questions of fact and law involved in claims for
6 industrial compensation under the act. Since nothing in the complaint
7 appeared to indicate that the public officers were acting outside their
8 official capacity, they were immune from suit. Additionally, the court
9 went on to hold that where no cause of action was stated against the Indus-
10 trial Commission and its employees in view of the fact that they were immune
11 from suit, a Writ of Prohibition prohibiting further proceedings by the
12 Supreme Court in this case was proper.

13 The court delved extensively into the rationale for its ruling. This
14 applies on all fours with this case at bar.

15 "It is readily apparent that an 'award' by the
16 Commission would have placated the plaintiffs and
17 terminated their lawsuit against named individuals.
18 Public rights should not be thus bartered. The
19 very purpose of the rule of immunity afforded to
20 public officers was to avoid potential harrassment
21 and/or coercion by means of a threat of a lawsuit:

19 "The reason now given for the rule is simply one of
20 public policy. 'Otherwise the perfect freedom which
21 ought to exist in discharge of public duty might be
22 seriously restrained, and often to the detriment of
23 the public service.'" Id. at page 380.

22 "[T]he immortal words of Judge Learned Hand still ring true:

23 'It does indeed go without saying that an official,
24 who is in fact guilty of using his powers to vent his
25 spleen upon others, or for any other personal motive
26 not connected with the public good, should not escape
27 liability for the injuries he may so cause; and, if it

1 were possible in practice to confine such complaints
2 to the guilty, it would be monstrous to deny recovery.
3 The justification for doing so is that it is impossible
4 to know whether the claim is well founded until the
5 case has been tried, and that to submit all officials,
6 the innocent as well as the guilty, to the burden of a
7 trial and to the inevitable danger of its outcome,
8 would dampen the ardor of all but the most resolute,
9 or the most irresponsible, in the unflinching discharge
10 of their duties. Again and again the public interest
11 calls for action which may turn out to be founded on a
12 mistake, in the face of which an official may later
13 find himself hard put to it to satisfy a jury of his
14 good faith. There must indeed be means of punishing
15 public officers who have been truant to their duties;
16 but that is quite another matter from exposing such
17 as have been honestly mistaken to suit by anyone who
18 has suffered from their errors. As is so often the
19 case, the answer must be found in a balance between
20 the evils inevitable in either alternative. In this
21 instance it has been thought in the end better to
22 leave unredressed the wrongs done by dishonest offi-
23 cers than to subject those who try to do their duty
24 to the constant dread of retaliation." *Id.* at page
25 381.

14 To hold that Don Breighner as claims examiner handling this claim, Dr.
15 Petty, as chief medical advisor reviewing the medical aspects of this claim,
16 and John Reiser, as chairman of the Nevada Industrial Commission, subject
17 to possible tort liability in handling their discretionary functions, would
18 put the NIC in an unworkable situation; for it would hold the NIC subject to
19 possible tort litigation in instances where there was a difference in medical
20 judgment or perhaps even from delays in making payments. This would violate
21 the fundamental premise that the entire workmen's compensation system is
22 built on. That being, an attempt to put an end to private controversy and
23 litigation in the industrial area in exchange for prompt cash-wage benefits
24 and medical care to victims of work-connected injuries.

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STATUTE OF LIMITATIONS

RUSH in their third issue expressed in their O.B. raises the question of whether the statute of limitations on a common law action against the commission commences on the date of the accident or at the date of the negligence of the commission. RUSH states in his argument in the O.B. that the judge's decision in this area is somewhat confusing. It appears that this issue is moot and need not be further explored. The following should clarify this.

The district court on its July 12, 1976 Order, dismissed Count V of plaintiffs' Amended Complaint, among other things, on the grounds that the cause of action was barred by the statute of limitations. Apparently the Honorable Frank Gregory did not appreciate the fact that it was stipulated between both counsels to dismiss Count V of plaintiffs' Amended Complaint. (See transcript of proceedings, hereinafter referred to as TOP, p. 6, l. 10-17; p. 14, l. 3-6, l. 12-14).

Under Count V of their Amended Complaint RUSH was seeking benefits under the NIIA which related back to the filing of the Original Complaint on September 5, 1975. The industrial accident incurred on August 3, 1973. Under NRS 616.625 the amount of compensation and benefits that an injured employee is entitled to is required to be determined as of the date of the accident or injury to the employee and the rights thereto shall become fixed as of such date. The judge thus applied NRS 616.625 to Count V and determined that in addition to the fact that RUSH could not bring a cause of action against NIC, he was also barred from collecting compensation under the NIIA by the statute of limitations. However, since it was stipulated in open court to

1 dismiss Count V by RUSH that issue of the statute of limitations would now
2 appear moot.

3 IV

4 STRIKING OF FRAUD COUNTS PROPER

5 RUSH in the fourth issue raised in their O.B. questions the propriety
6 of the district court striking Counts II and IV of their Amended Complaint
7 on the basis that fraud had not been stated with particularity. It is con-
8 ceded by RUSH that they did not allege fraud with particularity, and stipu-
9 lated to strike the word "fraud." (See TOP of July 19, 1976, argument before
10 the district court, p. 7, l. 12-14; p. 13, l. 16-18).

11 "Fraud is never presumed; it must be clearly and satisfactorily proven."
12 Havas vs. Alger, 85 Nev. 627, at 631.

13 NRS 47.250(9) requires that there is a presumption that official duty
14 had been regularly performed.

15 The allegation of fraud cannot be presumed, and if made, cannot be made
16 conclusory in form even under our modern notice pleadings. O'Connor vs.
17 GSA, 332 F.Supp. 1246, at 1247.

18 RUSH contends by their eleventh hour offer at the oral argument on a
19 motion to dismiss to drop the word "fraud", and leave oppression in Count
20 II, and malice and oppression in Count IV, that he is entitled to save
21 the Counts. The district court in its order rejected this stating that,
22 "[t]he court is very cognizant of the fact that an allegation of fraud is a
23 serious matter with the potential to cause great damage even though based on
24 unsubstantiated claims. It is for this reason that the courts have required
25 it to be pleaded with great exactitude and detail. The plaintiffs, however,
26

1 have not stated either in their Amended Complaint or opposition to defendants'
2 present motion, the requisite facts necessary in order to constitute a valid
3 cause of action for fraud." (See ROA, p. 2 of District Court's July 12, 1976
4 Order granting Motion to Dismiss) It is apparent that the gravelman of Counts
5 II and IV were so tainted by the allegation of fraud in both the original and
6 Amended Complaints that even without the word "fraud", the court felt com-
7 pelled to strike the counts as pleaded.

8 Count IV alleging that Rush's wife is also entitled to punitive damages,
9 fails because the primary action by her husband fails. This court in the
10 landmark decision of GE vs. Bush, 88 Nev. 360, at 368, held that a wife was
11 entitled to bring a cause of action for loss of consortium, but conditioned
12 "her cause of action only if joined for trial by her husband's own action
13 against the same defendant. Thill vs. Modern Erecting Co., 170 N.W.2d 865,
14 at 869 (Minn. 1969)." The Thill case further enunciated that "her [wife's]
15 right of action to be a derivative right, she may recover only if her husband
16 recovers from the same defendant;" supra, at 869. See also Jones vs. Slatter,
17 220 N.W.2d 63; Burrow vs. Moyer, 519 S.W.2d 586.

18 Thus Count II of plaintiffs' complaint fails on two grounds, i.e., that
19 RUSH is barred from alleging Count II, as stated in this brief's first sec-
20 tion and that he failed to state fraud with particularity. As to Count IV
21 brought by RUSH'S wife, that Count fails on three grounds, i.e., that she is
22 barred from bringing a Count; that she failed to state fraud with particu-
23 larity; and that her derivative action fails if her husband's action does
24 not stand.

25
26
27

UNCONSTITUTIONAL IF TRUST FUNDS DIVERTED

The ultimate social philosophy and policy behind workmen's compensation is that by requiring employers to pay premiums into a fund for victims of work-connected injuries, the industrial injured victims are compensated and the premiums are passed on to the most appropriate source of payment, the consumer of the product. So sacred is this social policy in the State of Nevada that Article IX, Section 2, was enacted stating:

"Any monies paid for the purpose of providing compensation for industrial accidents and occupational diseases, and for administrative expenses incident thereto, and for the purposes of funding and administering the public employee's retirement system, shall be segregated into proper accounts in the state treasury, and such monies shall never be used for any other purposes, and they are hereby declared to be a trust fund for the use and purposes herein specified."
(Emphasis added)

This public policy argument was mentioned before the district court (See TOP, p. 16, l. 19-21).

RUSH is seeking "damages" which as defined under NRS 616.050 means recovery allowed in an action at law as contrasted with "compensation", which as defined in NRS 616.045 means the money allowance payable to an employee or his dependents as provided for in this chapter. Compensation to Mr. Rush has been paid and will continue to be paid as allowed by the Nevada Industrial Insurance Act. To date Mr. Rush has had all of his medical bills paid, temporary total disability payments during the period he was unable to work, rehabilitation expenses, plus an award for his disability, the total cost exceeding \$36,000. To allow RUSH to be able to assert a cause of action against the NIC for damages in addition to the compensation already

1 paid would amount to an improper diversion of funds expressly prohibited by
2 Article IX, Section 2 of the Nevada Constitution. As pointed out before
3 the oral argument on the motion to dismiss, NRS 41.0337 requires that the
4 state must be named as a party defendant on any action brought against any
5 officer or employee, or former officer or employee of the state, and that
6 the state has no right of contribution or indemnity against the officer or
7 employee, unless his conduct was wanton or malicious. (See TOP, p. 3, l.
8 2-5).

9 C O N C L U S I O N

10 The facts in this case establish that RUSH has received full compensa-
11 tion under the NIIA for his industrial injury. What RUSH is seeking is full
12 common law damages in addition to the full benefits he is entitled to under
13 the NIIA. The NIC employees in investigating whether the retinal detachment
14 was connected with the industrial injury acted properly and in their discre-
15 tional duty to assure that the trust funds were being applied for industrially
16 related medical services.

17 The trial court in reviewing the matter and deciding the motion to dis-
18 miss properly dismissed the various counts.

19 W H E R E F O R E, on the basis of the foregoing points and authorities,
20 Respondents, NEVADA INDUSTRIAL COMMISSION, JOHN REISER, DONALD BREIGHNER and
21 RICHARD PETTY, M.D., request that this Honorable Court affirm the Order Grant-
22 ings Defendants' Motion to Dismiss of the Honorable Frank B. Gregory.

23 Respectfully submitted,

24 NEVADA INDUSTRIAL COMMISSION
25 515 East Musser Street
26 Carson City, Nevada 89701

27 By: 

RILEY M. BECKETT
General Counsel

Exhibit C

NOV 2 - 1976

IN THE SUPREME COURT OF THE STATE OF NEVADA

oOo

RALPH O. RUSH and MARY
RUSH,

No. 9058

Appellants,

vs.

NEVADA INDUSTRIAL COMMISSION;
JOHN RESIER; DONALD BREIGHNER;
RICHARD PETTY; JOHN DOES I-X,
INDIVIDUALS,

Respondents.

APPELLANTS' OPENING BRIEF

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Attorney for Appellants

Attorney for Respondents.

*cc - TR JTC
- for [unclear] 10/2*

1 IN THE SUPREME COURT OF THE STATE OF NEVADA

2 oOo

3
4
5 RALPH O. RUSH and MARY
RUSH,

No. 9058

6 Appellants,

7 vs

8 NEVADA INDUSTRIAL COMMISSION;
9 JOHN RESIER; DONALD BREIGHNER;
RICHARD PETTY; JOHN DOES I-X,
Individuals,

10 Respondents.
11

12
13
14
15 APPELLANTS' OPENING BRIEF

16
17
18
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1 IN THE SUPREME COURT OF THE STATE OF NEVADA

2 oOo

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4
5 RALPH O. RUSH and MARY
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7 Appellants,

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9 NEVADA INDUSTRIAL COMMISSION;
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13 Respondents.

14
15
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22	NRCP 11.190 (4)(e)	16
23	NRCP 15 (c)	15
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1 ISSUES PRESENTED FOR REVIEW

2 A. Where a workman in the State of Nevada suffers an industrial
3 injury accepted by the Nevada Industrial Commission, and the treat-
4 ing doctor recommends a course of treatment needed to preserve the
5 workmen's eyesight, and the Nevada Industrial Commission negligently
6 fails to authorize the recommended medical treatment, does the
7 Nevada Industrial Insurance Act preclude the workman from bringing
8 a common law action in negligence against the Nevada Industrial
9 Commission?

10
11 B. Where the Nevada Industrial Commission has accepted a
12 claim for an industrial accident and has retained a medical spec-
13 ialist to treat the claimant, and that medical specialist advises
14 the Commission that further medical treatment is required to prevent
15 the loss of eyesight, is the decision of the Commission to approve
16 or deny such further medical treatment constitute a "discretionary"
17 or "ministerial" act by the Commission?

18
19 C. Where a claim of injury to the eye is accepted by the
20 Nevada Industrial Commission and the Commission fails to approve
21 recommended treatment for the claimant to prevent the loss of eye-
22 sight, does the statute of limitations on a common law action against
23 the Commission commence at the date of the accident or at the date
24 of the negligence of the Commission?

25
26 D. Where allegations in a complaint allege fraud, oppression
27 and malice under NRS 42.010, and the facts pled are not pled with
28 particularity as required by NRCP 9(b) is it proper to strike the

entire cause of action or should only the word "fraud" be stricken
from the complaint?

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STATEMENT OF THE CASE

1 This case arose when Plaintiff below was receiving medical
2 treatment and compensation from the Nevada Industrial Commission.
3 During the course of medical treatment the claimant's doctor recom-
4 mended a course of treatment to the Commission which he stated was
5 necessary to save the eyesight of the Claimant. The Commission
6 failed to give approval to the recommended treatment with the result
7 that the claimant lost total sight of the injured eye. ^{ms}

8
9 A common law action in negligence was brought on behalf of the
10 claimant against the Commission within two years of the acts com-
11 plained of but more than two years after the initial industrial
12 injury. The claimant's first amended complaint included a count
13 for relief under the Nevada Industrial Insurance Act which was dis-
14 missed by stipulation of the parties at a subsequent motion to dis-
15 miss.?

16 Defendants achieved a change of venue from Washoe County to
17 Carson City County and moved to dismiss Plaintiffs' amended complaint
18 on the basis that claimant's exclusive remedy was under the indust-
19 rial insurance act, that approval or denial of treatment recommended
20 by the treating physician was "discretionary" act, that pleading the
21 word "fraud" with this insufficient particularity required those
22 causes of action to be dismissed, and that the statute of limitations
23 for the subsequent alleged tort dated back to the date of the orig-
24 inal industrial injury.

25 It is the granting of the Defendants' motion to dismiss from
26 which appellants lodged this appeal.

1 IV. STATEMENT OF FACTS

2 On August 3, 1973, while working as a mechanic for
3 Western Nevada Diesel Sales, RALPH O. RUSH got metal shavings in
4 his left eye thereby suffering severe injury to the eye. The NEVADA
5 INDUSTRIAL COMMISSION accepted Mr. Rush's claim and sent Mr. Rush
6 to Dr. Louis Sellyei, a licensed Ophthalmologist practicing in
7 the City of Reno, for treatment. Soon thereafter Dr. Sellyei
8 discovered that Mr. Rush had suffered a retina detachment which
9 Dr. Sellyei reported to the Nevada Industrial Commission on October
10 23, 1973 and which was attached to Appellants' Points and Authori-
11 ties in Opposition to the Motion to Dismiss as part of this record
12 on Appeal.

13 Thereafter on November 8, 1973 Dr. Louis Sellyei
14 reported to the Nevada Industrial Commission that the "severity
15 of the detachment makes it necessary for him to be referred to
16 a center where they do more elaborate retinal detachment proce-
17 dures." This letter was attached as an exhibit to Defendant's
18 Reply Points and Authorities in Support of Motion to Dismiss.
19 On November 27, 1973 Dr. Sellyei reported to the Commission that
20 while it was impossible on anyone's part to state exactly what
21 happened to the retina as a result of the injury, and "the type
22 of retinal detachment that he has is a type that is seen frequently
23 with injuries to the eyes... On the other hand, Mr. Rush is in
24 fairly immediate danger of going blind if he is left untreated.
25 A retinal detachment of this type does not resolve itself sponta-
26 neously and must surgically be corrected, if it is not even too
27 late to do this. As I have stated before, the facilities only
28 exist in larger medical centers and he is in need of treatment

1 at such a place." This letter was attached to Appellants' Points
2 and Authorities in Opposition to Dismiss as Exhibit "B".

3 Thereafter in frustration at being unable to obtain
4 authorization from N.I.C., to receive the treatment that his phy-
5 sician recommended, Mr. Rush contacted counsel after which Dr. Louis
6 Sellyei again wrote to the commission stating: "This is also in
7 reply to one of your other previous requests, at which time you said
8 it would be necessary to say that the retinal detachment, which Mr.
9 Rush has incurred, is definitely caused by the injury. According
10 to Mr. Rush, his vision prior to the accident to the left eye
11 was entirely normal. The eye was exotropic but this occurs normally
12 in a surprisingly large percent of the population. This alone
13 does not interfere with vision. Following the accident the vision
14 was immediately decreased and has remained decreased since the
15 injury. One can therefor deduct that whatever change he had to his
16 eye was the direct result of the injury that he suffered. This
17 fact applies whether I could see the retina at the time of the
18 injury or not." Despite these unequivocal warnings of dire conse-
19 quences that could result to Mr. Rush, the Nevada Industrial
20 Commission continued to withhold approval of the treatment of Mr.
21 Rush in any area outside of Reno, Nevada.

22 Thereafter, at the intervention of counsel, Mr. Rush
23 was finally granted approval to obtain an appointment with a Dr.
24 Lawrence Lonn, an ophthalmologist in San Francisco, California, and
25 the first appointment with Dr. Lonn was kept January 7, 1974. A
26 report of the initial examination of Mr. Rush by Dr. Lonn was
27 reported in a letter to Louis Sellyei dated January 16, 1974 which
28 was attached as Exhibit "B" to Respondent's Reply Points and Authori-

1 ties in Support of Motion to Dismiss.

2 Thereafter Mr. Rush was treated by Dr. Lonn over a
3 period of time until it was determined that vision in the left eye
4 could not be saved after which Dr. Lonn performed a total
5 enucleation of the left eye. A prosthetic device was fitted
6 and Mr. Rush was allowed to go under psychiatric treatment for the
7 difficulties caused by the loss of his left eye. Thereafter Mr.
8 Rush completed the administrative procedures under the Nevada
9 Industrial Insurance Act and was awarded the statutory allotment
10 for the total loss and enucleation of one eye..

11 A common law action in negligence against the Nevada
12 Industrial Commission and the named individuals was then brought
13 on behalf of Mr. and Mrs. Rush and was dismissed by the Honorable
14 Frank D. Gregory on the 12th day of July, 1976. The Order granting
15 Respondents' Motion to Dismiss is the Order that is appealed
16 from-herewith.

1 V. ARGUMENT

2 The gravamen of the action involved on this appeal is common
3 law negligence against the Nevada Industrial Commission and the named
4 individuals for failing to provide the Appellant with proper medical
5 care. This action arises under the circumstances that Mr. Rush had
6 an industrial accident which was accepted as a proper claim by the
7 Commission who approved Mr. Rush's treatment by Reno ophthalmologist
8 Dr. Louis Sellyei. Dr. Sellyei reported to the Nevada Industrial
9 Commission as early as October 23, 1973 that there was a serious
10 condition in Mr. Rush's eye which could only be treated in one of
11 the larger medical centers outside of Reno, Nevada. The Commission,
12 although they had approved treatment by Dr. Louis Sellyei, chose to
13 completely ignore the warnings and withheld approval of the recom-
14 mended treatment until after Mr. Rush had obtained counsel and,
15 after it was too late to take the sophisticated remedial measures
16 needed to save the vision of the left eye. The central theme of
17 Appellants' position, supported by the medical opinion of Lawrence
18 Lonn, is that the severe injury suffered here by Mr. Rush was caused
19 by the negligence of the Nevada Industrial Commission in failing to
20 approve the treatment recommended by the treating physician in Reno,
21 Nevada.

22 A. The District Court's Order granting Defendants' Motion ³
23 to Dismiss stated that by receiving total temporary disability pay- ₂
24 ments from the Nevada Industrial Commission Plaintiffs accepted such
25 compensation in lieu of any common law right they may have had,
26 amounting to accord and satisfaction of such common law rights. This
27 statement reflects the District Court did not completely appreciate
28 the gravamen of Plaintiffs' complaint. The injury, when accepted

1 by the Commission fell under NRS 616.515 which provides:

2 "Every injured employee within the provisions
3 of this Chapter shall be entitled to receive,
4 and shall receive promptly, such accident
5 benefits as may reasonably be required at the
6 time of the injury and within six months there-
7 after, which maybe further extended for addi-
8 tional periods as may be required."(Emphasis added)

9 Under the clear meaning of this statute once a claim is accepted
10 the commission is required to provide benefits which include neces-
11 sary medical care. The mandate of this statute was met by the
12 Commission in intitially sending Mr. Rush to Dr. Louis Sellyei of
13 Reno but was not met by the commission when they received Dr.
14 Sellyei's unequivocal recommendation that Mr. Rush be sent to a
15 larger medical center than Reno could provide in order to prevent
16 the loss of sight of the left eye. Thus, when Mr. Rush accepted the
17 benefits of total temporary disability at the outset of the injury
18 he had no basis to make an election of remedies as there had been
19 no tort committed against him by the commission. Thereafter, while
20 Mr. Rush was being threated by Dr. Sellyei who was attempting to
21 get the needed sophisticated care for Mr. Rush in a larger medical
22 center, Mr. Rush was disabled and it would have been practically ?
23 impossible for him at that time to make an election. The reason
24 for this was that at that time no one knew that the negligence of
25 the Commission in failing to approve recommended care would result
26 in the total loss of the eye for Mr. Rush. Also, Mr. Rush was un-
27 able to work and also to survive without the assistance of the
28 disability payments under the Industrial Insurance Act. Certainly
it would be barbaric to require one at that point to chance great
aggrevation of an injury by suddenly refusing further benefits of
NIC while disabled and ignorant of what the ultimate outcome would

1 be.

2 While this is a case of apparent first impression in the
3 State of Nevada other jurisdictions have considered this problem
4 and have arrived at diverse conclusions. Counsel for Appellants
5 would be remiss in his duty to the Court to ignore the fact that
6 there is a large body of law upholding the District Court ruling.
7 However, the better reasoned and more equitable cases hold that such
8 a common law action for negligence in failing to provide recommend-
9 ed medical care which results in aggravation or additional injury to
10 a claimant allows such claimant to bring a common law action for
11 that negligence and the resultant damages.

12 In Mager vs. United Hospital of Newark, 212A 2d 664, (N.J.,
13 1965), Plaintiff suffered an industrial accident and was sent to
14 the compensation carrier's own clinic ^{NB} which allegedly negligently
15 administered medical treatment resulting in the necessity of amputa-
16 tion of a leg and the ultimate death of the claimant. A summary
17 judgment was granted for the carrier under the workmen's compensa-
18 tion law, equating the carrier and the employer. In reversing the
19 lower Court the New Jersey Court concluded that the carrier and the
20 employer could not be equated and referred to the fact that under
21 New Jersey workmen's compensation law the claimant was allowed to
22 bring action against third parties even though a claimant had re-
23 ceived compensation from the Industrial Commission.

24 "The third party referred to in section
25 40 is one other than the employer and the
26 employee, who were parties to the employment
27 agreement. The injured employee's action
28 against such third party is not barred by
his right of compensation under the act...." page 666
The Court went on to say that the benefitis paid by the carrier would

2 be allowed as a set off to any damages awarded in the common law
3 action.

4 Nevada also allows an action against third parties at the
5 same time a claim is processed through N.I.C. under NRS 616.560 (1).

6 "When an employee coming under the
7 provisions of this chapter receives an
8 injury for which compensation is payable
9 under this chapter and which injury was
10 caused under the circumstances creating
11 a legal liability in some person, other
12 than the employer or person in the same
13 employ, to pay damages in respect there-
14 of:

15 "The injured employee, or in case
16 of death, his dependants, make take
17 proceedings against that person to re-
18 cover damages, but the amount of the
19 compensation to which the injured em-
20 ployee or his dependants are entitled
21 under this chapter, including any future
22 compensation under this chapter, shall be
23 reduced by the amount of the damages
24 recovered."

25 Thus the Nevada Statutes seem remarkably similiar to those
26 of New Jersey in allowing the third party action while the claim is
27 being processed administratively. This state differs from New
28 Jersey in that the carrier here is the Commission itself, but that
seems a distinction without a real difference. The opportunity for
carelessness in processing a claim and providing medical treatment
is at least as great with a public agency as it is with a private
insurance carrier. This is exactly the case before the Court.
According to the doctor's opinion, had the Commission authorized
the treatment recommended by the treating physician, Dr. Louis
Sellyei, it would have been possible to retain sight in the left
eye of Mr. Rush. To deny Mr. Rush the opportunity to seek redress
for this negligence on the part of the Commission would constitute
deprivation of his common law rights which are not compensatable

1 under the Nevada Industrial Insurance Act.

2 In Szydowski vs. General Motors Corp., 229 N W 2d 365 (Mich.,
3 1975) the appellant court again was considering a summary judgment
4 granted in favor of the employer, General Motors Corp. Plaintiff had
5 suffered an industrial injury for which he was treated by Defendant-
6 Employer's medical department ^{same as Moger case} in an alleged negligent manner. As in
7 the previously cited case Defendant cited the "exclusiveness of
8 the workman's compensation remedy" in attempting to affirm the sum-
9 mary judgment. In reversing the summary judgment and remanding the
10 case for trial the Michigan court made two statements which seem
11 applicable to the case at bar.

12 "It is equally clear that where the
13 'conditions of liability' are not present,
14 where the suit is not based on the employ-
15 er- employee relationship, or where other
16 than personal injuries are involved, work-
17 men's compensation is not the exclusive
18 remedy." page 367

16 "Construing the complaint most favor-
17 ably to Szydowski, the non-movant, it is
18 apparent that she has alleged facts which
19 would justify the conclusion that her
20 husband's death did not arise 'out of or
21 in the course of' his employment with G. M....
22 Accordingly, the motion for summary judgment
23 was improperly entered and must be set aside." page 368

21 In the case before the Court now the tort complained of by
22 Mr. Rush did not arise "out of or in the course of" his employment
23 with Western Nevada Diesel Sales. The wrong complained of here as in
24 the Szydowski case, supra, arose in the course of getting treatment
25 for the industrial injury. To deny Mr. Rush the right of redress
26 for an injury of such magnitude as the loss of the sight in one eye,
27 which did not occur in the industrial accident but did occur by
28 virtue of the negligence of the commission in refusing to authorize

1 proper treatment, is a denial of a common law right for which the
2 Nevada Industrial Insurance Act provides no remedy. As was stated
3 by the Federal Court in Markham vs Pittsburg Plate Glass Company,
4 299F. supp. 240 (U.S. District Court 1969) in interpreting Michigan
5 law:

6 "The Michigan statute cutting off common
7 law tort right should be narrowly construed,
8 as should any statute cutting off common law
9 rights." page 242

10 As this very Court has cut off common law rights of workmen
11 injured in the course and scope of their employment even when such
12 arose out of very great negligence, it seems entirely unfair to cut
13 common law rights where the claimant is pursuing his workmen's com-
14 pensation injuries in accordance with the laws of this state. The
15 magnitude of the loss of the sight of one eye together with the
16 attendant psychic and emotional stress, that result from such a
17 loss is totally outside of the scope of compensable injuries covered
18 by the Nevada Industrial Insurance act.

19 In Rothfuss vs. Bakers Mutual Ins. Co. of New York, 257A 2d,
20 733, (New Jersey, 1969), Plaintiff alleged that the carrier negli-
21 gently, willfully and wantonly failed and refused to provide medical
22 treatment. The New Jersey court held that the complaint stated a
23 common-law cause of action despite the workmen's compensation act
24 and reversed a summary judgment granted below for defendant.

25 Plaintiff in Jones vs. Laird Foundation, Inc., 195 S.E. 2d
26 821, (W.VA. 1973), the West Virginia court ruled that a claimant
27 was not barred by the industrial accident statutes from bringing an
28 action against his own treating doctor for negligence in the treat-
ment of an industrial injury.

1 Other cases which have upheld rules analogous to appellants'
2 position are those involving the negligence of a compensation
3 carrier in making safety inspections of the site. In Fabricius
4 vs. Montgomery Elevator Company, 191 N.W. 2d 361, (Iowa, 1963), an
5 industrial compensation carrier had reserved the right to inspect
6 the premises which he did negligently. Thereafter the claimant was
7 injured. The defendant compensation carrier contended that it
8 stood in the shoes of the employer and was thereby immunized from
9 suit by the workmen's compensation law. In overruling this conten-
10 tion the Supreme Court of Iowa stated:

11 "A statute will not be construed as
12 taking away a common-law right existing at
13 the time of its enactment unless that re-
14 sult is imperatively required." page 362

14 "Defendant's citations to the effect the
15 insurer has the same liability as the employer
16 referred to the insurer's liability under its
17 policy to pay compensation due from the employer
18 to the employee. We do not find any that refer
19 to a tort committed by the insurer, either re-
20 lated or unrelated to the employment or the
21 policy." page 365

(similar holding in Nelson vs Union
Wire Rope Corporation 199 N.E. 2d 769)
(Illinois, 1964)

20 A similar situation was treated by the Third Circuit Court
21 in interpreting the Pennsylvania workmen's compensation law in Mays
22 vs. Liberty Mutual Insurance Company, 323 Fed.2d 174, (Third Circuit,
23 1963)

24 "It is beyond dispute that the Act affects
25 only the legal relation between employer and
26 employee and does not purport to alter the
27 employee's rights against third parties... thus,
28 insofar as the employment relationship is con-
cerned, the statute must be liberally construed
in order to effectuate its remedial purpose, but
its scope can not be extended in a manner which
would destroy either the employee's common-law
rights against third persons, or the common-law
conception of third persons" (citation omitted)

1 The essence, indeed the very legislative
2 definition, of the employer-employee status
3 is the master-servant relationship. As the
4 Pennsylvania Supreme Court held in Zimmer,
5 146 A at 131, 'The Act does not affect the
6 existing common-law right to sue the wrong-
7 doer, unless that wrongdoer is the master.'
8 The master-servant relationship is totally
9 lacking in the matter subjudice. Hence, to
10 hold that Liberty is the employer of Mays
11 within the meaning of the Act would not only
12 be to abrogate by judicial legislation the
13 employee's common-law rights, but would directly
14 controvence the intent of the legislature as man-
15 ifested in the Statute." page 177

9 There seems no good reason to distinguish between the negli-
10 gent acts of the employer's industrial compensation carrier in the
11 above cited cases and the Nevada Industrial Commission in the in-
12 stant case. The Commission's negligence in failing to approve the
13 treatment recommended by Mr. Rush's treating physician here was a
14 negligent act of "a third party" within the meaning of the Nevada
15 Industrial Insurance Act which caused Mr. Rush to lose the sight of
16 one eye. That tort occurred totally out of the scope of Mr. Rush's
17 employment and was not an act by Mr. Rush's employer. Therefore it
18 is both logical and equitable that Mr. Rush be allowed to pursue
19 his common law remedies against the Commission for its negligent
20 act.

21 The facts of the instant case are clearly distinguishable
22 from the cases cited by the District Court in rendering its order
23 dismissing Appellants' Complaint. First National Bank vs District
24 Court, 75 Nev 77, dealt with a factual situation in which there was
25 a real question as to whether the original injury fell under the
26 Nevada Industrial Insurance Act. In the instant case, the claim was
27 originally completely under the Act. It was the subsequent negli-
28 gence of the Commission itself which caused the real injury to Mr.

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Rush. At the time the industrial benefits were initially accepted by Mr. Rush, there was no cause of action against the Commission as the negligence had not occurred.

There is also the fact that the cause of the total loss of sight in the eye was not delineated by Dr. Lawrence Lonn until August of 1974. To require that a claimant make an election of remedies while disabled and receiving no income is grossly unfair in that it constitutes use of the legal process for starve individuals into "electing" to accept the terms and conditions of the Nevada Industrial Insurance Act. This in no way constitutes a voluntary election of remedies and if upheld would invite further abuses by the Commission in the handling of industrial accident injuries.

The case of Stolte vs District Court, 89 Nev. 257, dealt with the coverage of the Act for an employee of a subcontractor who had not elected to come under the Act where the prime contractor had made such election. The issues of Stolte were markedly different from those of this case. Pershing Quicksilver Company vs Thiers, 62 Nev 382, treated the question of whether mercury poisoning fell under the Act as it was then written. Argonez vs Taylor Steel Co., 85 Nev 718, again dealt with the coverage of the Act as between employees of contractors and subcontractors.

It is submitted that the cases cited by the District Court do not reach the issue presented by the instant case and are therefore, inapplicable.

B. Another basis for granting the Commission's Motion to Dismiss was the District Court's ruling that the decision not to authorize the treatment recommended by the treating physician was a "discretionary" act on the part of the Commission. It is respect-

1 fully submitted that the mere act of granting or denying approval
2 of medical treatment for a claimant recommended by his treating
3 physician is not "discretionary" act within the meaning of the
4 NRS 41.032 (2).

5 A skeletal outline of the acts of the Nevada Industrial
6 Commission in handling a claim is set out in the transcript in the
7 argument of counsel for Respondants at page 4. "They have to deter-
8 mine first of all whether a claim comes under the Nevada Industrial
9 Insurance Act; after that whether the person is entitled to total
10 temporary disability benefits; whether doctor's bills are to be
11 paid or not; whether they are related to the industrial injury.
12 (tr. 4, 113-8) Respondant's counsel then argued that all of these
13 acts were very discretionary. It appears to appellants that while
14 there maybe discretion involved in whether to accept a claim or
15 not on the part of the Commission, once a claim is accepted the
16 decision to authorize medical treatment recommended by the treating
17 physician is a purely ministerial act. In the words of counsel for
18 appellants the duty of the Commission at this point in the handling
19 of the claims is quite perfunctory. "Now the Commission at this
20 point does not control and does not enter into the doctor-patient
21 relationship at all. All it does is pay the bills." (tr. 14,1128-30)
22 As counsel for respondents correctly stated the Commission has no
23 part in deciding what medical treatment is necessary for individual
24 claimant. That decision is left to the treating physician. Where
25 this precise question has come before this court in the past the
26 court has distinguished between forming a plan and performing work
27 under that plan, stating that the prosecution of the work itself is
28 ministerial in character and not protected by the immunity doctrine

1 The court further stated that once a decision was made to erect and
2 maintain a retaining wall adjacent to a Reno Street that it was a
3 ministerial function and decision as to whether to place a railing
4 or barrier on top of that retaining wall or not. Pardini vs. The
5 City of Reno, 50 Nev 401. The similiar ruling was made in McDonald
6 vs Virginia City, 6 Nev 90 where this court held that although the
7 city was not obligated to construct a street, once it was construct-
8 ed the failure to maintain the street so as to be safe for passers
9 by was actionable negligence.

0 In the landmark case of Cohen vs United States, 252 F. supp.
1 679, (1966), the central issue was whether the placing of prisoner
2 Mickey Cohen in the same area where dangerous and violent prisoners
3 was kept was a ministerial or discretionary function. The court
4 discussed the fact that every decision made involved some discre-
5 tion but that the decision in issue was a "ministerial" function.

6 "The exclusion is properly limited to the
7 planning level and not the operational
8 level; and to acts of a governmental and
9 not a ministerial function.... Thus it may
10 protect against an improvident high level
11 decision but not against a negligent act
12 even though some discretion is involved
13 in each." page 687

14 "While there is some element of in-
15 contestable administrative decision re-
16 garding the conditions of confinement be-
17 tween the prison officials and the person
18 confined, as regards third persons, (in-
19 cluding other prisoners", it is reason-
20 able to conclude that some duty of care is
21 owned in this regard. As seen, the govern-
22 ment has a duty of protection and safe
23 keeping. In the discharge of that duty the
24 government must exercise ordinary care in (1)
25 the classification of prisoners and in (2)
26 the custody of prisoners properly classified."
27 page 688
28

1 It is hard to imagine how there would be any more discretion
2 in rendering a decision as to approve or disapprove treatment recom-
3 mended by a claimant's treating physician than in deciding in which
4 section of the prison to place a particular prisoner. In fact, it
5 seems that there is much more discretion required in placing indiv-
6 idual prisoners than in approving recommended medical treatment.
7 For this reason it is respectfully submitted that the decision to
8 approve or disapprove medical treatment when recommended by a
9 claimant's doctor is purely ministerial function and not within the
0 exclusion of NRS 41.032 (2).

1 C. In rendering the order of dismissal the district court
2 stated as a further grounds for the dismissal the statute of limit-
3 ations under NRS Chapter 616 applies. This is somewhat confusing
4 because there does not appear to be a statute of limitations within
5 Chapter 616 of the Nevada Revised Statutes.

6 As the record on appeal reflects Plaintiff's original com-
7 plaint herein was filed at 3:01 p.m. September 5, 1975. Plaintiff's
8 first amended complaint was filed December 3, 1975 at 2:30 p.m.
9 Under NRCP 15 (c) the amended complaint relates back to the date of
0 the original pleading, which was prior to the second anniversary of
1 the acts complained of here. Therefore it would seem that the
2 common law action in negligence is timely.

3 The district court, however, stated that the claim was barred
4 because it was filed more than two years after Mr. Rush's accident.
5 Appellants would agree with this position if they were proceeding
6 under the provision of NRS 616 and 617. But this is not the case.
7 At the hearing on Respondant's motion to dismiss counsel for Appel-
8 lants stated that Count 5 of the amended complaint was moot and both

counsel agreed that it should be dismissed. (tr. 6, 11 10-18)
Therefore the allegations of Count 5 of Plaintiff's first amended
complaint were not considered by the Court as it was clear to every-
one that Plaintiff below was proceeding in a common law action for
negligence and not under the provisions of the Nevada Industrial
Insurance Act. Therefore it would seem impossible to justify hold-
ing that the provisions of NRS 616.625 govern the statute of limit-
ations to this common law action and negligence when the statute of
limitations applicable to such a common law action is clearly set
out in NRS 11.190 (4)(e).

D. The District Court struck down Counts Two and Four of
the amended complaint on the basis that fraud had been stated with
insufficient particularity. As can be seen by the briefest perusal
of Counts Two and Four the allegations of fraud were made, not as an
independent cause of action, but to characterize the actions of
defendants and bring the case within NRS 42.010. NRCP 9(b) clearly
states that fraud shall be stated with particularity and so Respon-
dents' position below is well taken. But as counsel for Appellants
offered during the hearing on Respondents' motion to dismiss, the
word fraud should be stricken from Count Two and Count Four deleting
the word "oppression" in Count Two and the words "malice" and
"oppression" in Count Four. It is clearly stated in NRCP 9(b)
"malice, intent, knowledge, and other condition of mind of a person
maybe averred generally." Therefore it is submitted that the dis-
trict court should have stricken the word "fraud" from Count Two and
Count Four and left the remaining allegations of those two counts
in tact.

*all conclusions
no authority
1289*

1 VI CONCLUSION

2 The facts of the instant case display a wrong for which
3 there is no remedy if the Order dismissing Mr. Rush's amended com-
4 plaint is upheld. Many times in recent years this Honorable Court
5 has decreed that when a workman is injured on the job in this state
6 his sole remedy lies in the benefits available under the Industrial
7 Insurance Act. The legislature has taken away the right of a claim-
8 ant to a deNovo hearing before the District Courts, where one is
9 aggrieved by the findings of the Commission, and as of the writing
10 of Appellant's Opening Brief, the challenge of this law has not been
11 resolved by this Court. The availability of a lump sum settlement
12 after a long period of disability and loss of income has also been
13 taken away from the individual claimant under NIC for all but minor
14 disabilities.

15 One of the unique features and major advantages that this
16 Honorable Court enjoys over the Courts of last resort of more popu-
17 lus states is its inherent ability to know and be aware of how well
18 or how poorly any governmental entity is serving its function for
19 the people of this state. This Court is certainly not unaware of the
20 industrial commission's record with regard to assisting workmen in-
21 jured on the job.

22 It is a matter of public record that over 200,000 Nevada
23 workers are covered by the Nevada Industrial Insurance Act. It is
24 a matter of common knowledge that the abuses of and inequities to-
25 ward NIC claimants are many, and that the complaints of the citizens
26 of this state in this regard have been loud and persistent. Yet the
27 rights of the individual claimant before this small but powerful
28

bureaucracy seem to diminish with every legislative session and judicial determination.

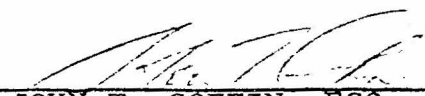
This case presents a claimant who followed the mandates and directions of the commission after suffering an industrial injury which would not have, in the medical opinion of the treating doctors, resulted in the loss of eyesight. Yet the sight of one eye was lost by appellant, merely because the employees of the commission withheld approval of treatment recommended by the doctor until such treatment was too late. The individual's loss should and could have been prevented by the exercise of reasonable care on the part of the commission in approving the treatment recommended by the doctor which they hired to treat claimant. This was not done. This loss constituted not only a major physical disability but a psychological disability as well.

To deny Mr. Rush the right to redress by way of a common law action against the commission would not only sanction a wrong without a remedy in this case, but sanction the abuses and inequities that other claimants have and seem to continue to suffer when injured on the job in this state.

It is respectfully submitted that the Order granting Respondents' Motion to Dismiss should be reversed.

RESPECTFULLY SUBMITTED.

DATED this 2nd day of November, 1976.


JOHN T. COFFIN, ESQ.
210 South Sierra Street
Reno, Nevada

Attorney for Appellants

1 IN THE SUPREME COURT OF THE STATE OF NEVADA

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4
5 RALPH O. RUSH and MARY)
6 RUSH,)

No. 9058

7 Appellants,

8 vs.

9 NEVADA INDUSTRIAL COMMISSION;
10 JOHN RESIER; DONALD BREIGHNER;
11 RICHARD PETTY; JOHN DOES I-X,
12 Individuals,

13 Respondents.
14
15
16
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18 APPENDIX TO BRIEF

19 Complaint filed September 5, 1975

20 Amended Complaint filed December 3, 1975

21 Motion to Dismiss filed January 3, 1976

22 Points and Authorities in Opposition to
23 Motion to Dismiss filed February 2, 1976

24 Reply Points and Authorities in Support of
25 Motion to Dismiss filed February 1y, 1976

26 Supplemental Points and Authorities in Support
27 of Motion to Dismiss filed June 9, 1976

28 Order Granting Defendants' Motion to Dismiss
filed July 12, 1976

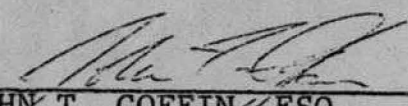
Notice of Appeal filed July 28, 1976

Designation of Record filed July 28, 1976

AFFIDAVIT OF PERSONAL SERVICE

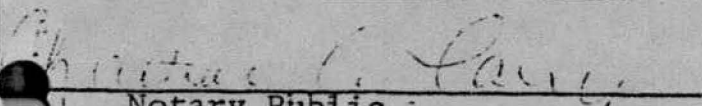
STATE OF NEVADA)
) SS
COUNTY OF WASHOE)

I hereby certify that I did personally deliver a copy of the attached APPELLANTS' OPENING BRIEF to the office of RILEY BECKETT, ESQ. at 515 East Musser Street, Carson City, Nevada this 2nd day of November, 1976.




JOHN T. COFFIN, ESQ

Subscribed and Sworn to before me
this 2nd day of November, 1976.



Notary Public


CHRISTINE A. CAREY
Notary Public - State of Nevada
Washoe County
My Commission Expires July 3, 1978

MIKE O'CALLAGHAN
GOVERNOR

STATE OF NEVADA

JOHN R. REISER
CHAIRMAN

NEVADA INDUSTRIAL COMMISSION



CLAUDE EVANS
COMMISSIONER REPRESENTING LABOR
JAMES S. LORIGAN
COMMISSIONER REPRESENTING INDUSTRY

Exhibit D

ADDRESS ALL CORRESPONDENCE TO
NEVADA INDUSTRIAL COMMISSION

REPLY TO

March 29, 1977

515 E. Musser Street
Carson City, Nevada
89714

Senator Thomas Wilson
Commerce and Labor Committee
Room 313, Legislative Building
Carson City, Nevada 89701

ATTENTION: Linda Payne, Secretary

Dear Senator Wilson:

I have been requested to respond to certain allegations made pertaining to the Ralph Rush claim and Claims Department policy in adjudicating claims.

I have researched the claim of Ralph Rush and can find no documentation or notes pertaining to the alleged conversation between claims examiner Don Breighner and Ralph Rush. An affidavit was taken from Mr. Breighner on March 28, 1977 denying the statement alleged, and it is enclosed.

It is interesting to me that an incident of this nature was never brought to my attention nor was it ever brought out at any hearings on this claim. Telephone demeanor and courtesy is stressed in the orientation of new employees and in on-going training programs.

It is inconceivable to me that Mr. Breighner or any other Claims Department employee would ever tell an injured worker to "go to hell". In our processing and adjudication in claims we strive to be objective and impartial. If an element of doubt exists it is resolved in favor of the injured worker.

1294


Page 2
March 29, 1977

The enclosed letter from Mr. Blomdal to Attorney John Coffin, dated December 17, 1973, would tend to substantiate this policy.

I am enclosing statements from Dr. Richard Petty and Dr. Richard Hall, Nevada Industrial Commission Medical Advisors, on procedures and policy involving medical problems confronting the Claims Department.

Other pertinent material from the Ralph Rush claims file is enclosed for your review.

Sincerely,


William V. Daggett
Claims Manager
Nevada Industrial Commission

WVD:ad

Enc.

MIKE O'CALLAGHAN
GOVERNOR

STATE OF NEVADA

JOHN R. REISER
CHAIRMAN

NEVADA INDUSTRIAL COMMISSION

CLAUDE EVANS
COMMISSIONER REPRESENTING LABOR
JAMES S. LORIGAN
COMMISSIONER REPRESENTING INDUSTRY



Exhibit D

ADDRESS ALL CORRESPONDENCE TO
NEVADA INDUSTRIAL COMMISSION

REPLY TO

515 East Musser Street
Carson City, Nevada 89714
March 29, 1977

William Daggett, Claims Manager
Nevada Industrial Commission
515 East Musser Street
Carson City, Nevada 89714

Re: SB 271

Dear Mr. Daggett:

In Senate Bill 271, a proposal was made which would seriously undermine and materially alter the role and function of the Medical Advisor at NIC as it currently exists. In order to understand the extent that this bill would change the function of the Medical Advisor, let me first explain the role as it exists at the present time and the reasons for it.

When a claim is made to NIC, it is the Medical Advisor's function to make a determination if the medical facts as presented can be attributed reasonably to the industrial injury. In discharging this responsibility we must constantly remember that we have two directly interested parties involved. Number one is the claimant whose interest is to receive the benefits of the NIC coverage which included medical costs as well as temporary total disability payments if he is unable to work. Equally important are the rights of the employer who ultimately has to pay the bills for the services. Either party has an equal right to question the decisions that are made in relation to the claim. If the claimant is dissatisfied, he may appeal through the usual three appeal bodies, namely, Claims Hearing, the Commissioner's appeal and ultimately the Appeals Officer. Likewise, the employer has exactly the same rights and frequently does appeal the decision made concerning the acceptance of the claim as related.

The Medical Advisor has to decide if the medical problems presented are reasonable and attributable to the industrial accident described. Frequently when claims present an unusual medical development which is unexpected, the gathering of appropriate information to make this judgment may take weeks or even months. We utilize not only our own clinical experiences for decision making, but also depend upon consultation with other medical people, either to ask their opinions to actually examine the claimant to try to arrive at a just decision. Once we make this

decision, we are frequently challenged during the appeals process to defend the decision that was made and to be able to demonstrate logically and clearly the steps leading up to the decision and the reason for the decision.

Therefore, it is clearly evident that as medical people, our role and function is quite different than that of the treating physician. All of the thrust of medical practice and medical ethics clearly place the responsibility for medical treatment upon the shoulders of the clinician treating the patient. His decisions have to be made with one thought in mind, that is, the safety and benefit of his patient. Matters of who pays the bill or the presentation of medical facts to the third party become very much a secondary responsibility as far as the clinician is concerned. This difference of responsibility is particularly evident in cases of emergency care and treatment. If a doctor delays emergency care and treatment to take care of third party issues such as giving or seeking information determining insurance coverage, etc., to the added risk of his own patient, he is in fact derelict in his duty. Furthermore, any responsibility that the treating clinician has towards the insurance company that might or might not cover the cost of treatment are a secondary issue in respect to his own responsibilities.

If Bill 271 should become law, it puts the Medical Advisor of the insurance company in an entirely different position. He becomes involved in and responsible for the medical treatment of the patient. This at a time when he seldom has even received the pertinent medical information and in which he has absolutely no way to have any personal contact with the patient to determine for himself what medical treatment is appropriate. Furthermore, medical treatment for many industrial injuries rightfully falls into the category for treatment by specialists in their own field. It is unreasonable to expect that the Medical Advisor of the insurance company to be equally and appropriately skillful in all of these specialties which might be necessary to treat the patient appropriately. The clinician often has to proceed upon a course when it is not clearly delineated at that time where responsibility lies for the insurance coverage of the claim. It is frequently impossible to collect or act upon such information with the dispatch that clinical judgements have to be made and treatment instituted.

I think every effort should be made to clarify to the legislature this difference in responsibilities that exist in accordance with current law. I think the bill would be very destructive to the whole structure of workmen's comp insurance if the added responsibility of concern and responsibility for immediate treatment should be thrust upon the insurance company rather than leaving it as it is at the present, a responsibility of the treating doctor to insure that either he gives the treatment of that his patient is referred to someone who can give the appropriate treatment at the appropriate time and not be involved in responsibilities of whether or not a claim is acceptable or whether or not treatment of this particular

facet of the medical problem fits in with the overall legal responsibility of the employer through the insurance company to pay for the cost of the treatment.

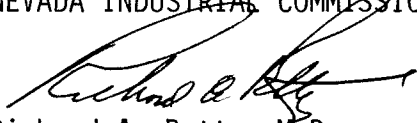
The Rush case, which has been cited as an example, is indeed very much to the point. In the Rush case, the treating doctor was presented originally with a man with minor eye injuries. Our next record indicated a condition which was serious, potentially dangerous and emergent. It required fairly immediate treatment in the nature of removing a cataract. Following this operation an unforeseen and unsatisfactory condition developed in the eye with the occurrence of a retinal detachment. This, in turn, was another emergent and rapidly evolving situation which demanded immediate attention and action. All of these responsibilities clearly rest upon the treating physician, in this instance, Dr. Sellyei, an ophthalmologist, who had undertaken treatment of the eye condition.

From the point of view of the medical examiner, the time sequence and the way the case was presented as well as the scanty information at hand immediately presented a very unusual medical problem. The first information that was forwarded to the insurance company was a brief note that the patient had had an eye injury and as a result an emergency removal of a cataract had been done. Under the circumstances to discharge his responsibility, the Medical Advisor immediately was presented with an unusual medical problem which was not common, which he did not expect as a result of his minor injury which had been previously recorded. In order not to be derelict in his function and to be certain that indeed the cataract was related to and directly the result of the industrial accident, the Medical Advisor had to proceed with further investigation of the facts leading up to the problem and seek further information before he advised acceptance of this portion of the claim. In the meantime, the patient, of course, had been accepted as an eye injury and treatment instituted as well as disability payments. At no time was the Medical Advisor under the impression that he had any responsibility for the actual treatment of the patient or conduct of the case from a medical point of view. His responsibility lay only in the area of determining whether it was reasonable for the insurance carrier to pay for this complication that had arisen with the claimant's eye. As you can see, the two responsibilities are quite different and demand an entirely different time framework. The Medical Advisor was under no problem of urgency to make his decision. On the other hand, the clinician was obviously working within a time framework which demanded urgency and prompt action.

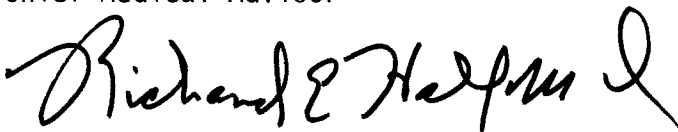
It is unreasonable to shift the burden of responsibility of the patient and the patient's care to a third party in which there is no provision for access to the patient information immediately. Likewise, the Medical Advisor is not necessarily professionally equipped to deal with the

clinical diagnosis and management of the problem. And most pertinent, the Medical Advisor never has personal access to the emergency patient.

NEVADA INDUSTRIAL COMMISSION



Richard A. Petty, M.D.
Chief Medical Advisor



Richard E. Hall, M.D.
Medical Advisor

REH:jg

FIRST REPORT OF ACCIDENT TO BE COMPLETED BY EMPLOYEE, PHYSICIAN AND EMPLOYER
THE NEVADA INDUSTRIAL COMMISSION REQUESTS THIS COMPLETED REPORT TO BE MAILED TO THE CARSON CITY OFFICE WITHIN FIVE (5) DAYS OF THE ACCIDENT. (IF INJURY OCCURRED IN CLARK COUNTY, SEND TO LAS VEGAS OFFICE.)

EMPLOYER—COMPLETE AND SIGN THE FOLLOWING:

EMPLOYER	Name on Certificate of Insurance		Policy Account Number		
	Mailing Address		Telephone Number		
	Nature of Business		Under what classification have you been reporting employee?		
EMPLOYEE	Name (Per Payroll)			Social Security Number	
	Home Address			Age	Sex
				Marital Status	
	Occupation and Usual Duties		Name state in which hired		How Long Employed By You?
ACCIDENT OR EXPOSURE	Accident or Exposure Occurred		Place	Hour	PM X Date
	Describe how Accident Occurred				
	Did injured report accident or exposure at once? (Explain "No")				
	Did he report accident or exposure to his supervisor? (Give name)				
	Were there witnesses to accident or exposure? (Give names)				
	Was an investigation of unsafe conditions and/or unsafe acts made? If yes, please submit copy.				
	Did accident or exposure to occupational disease occur while at regular work and on company time? (Explain "No")				
DISABILITY AND DEPENDENCY	Date disability commenced		Last day wages were earned		Date back on Job
	If and when doctor says employee may do light work, will you have such work available?				
	Are you paying his wages during disability?				
	Wages: Give average monthly wage regardless how paid				(Monthly) *
	Is injured furnished room....., meals..... or other advantages in addition to wages? (Explain) (number)				
	How many total dependents does injured claim for tax purposes?				

I CERTIFY TO THE TRUTH OF THE FOREGOING STATEMENTS:

Date report completed Aug 6 19 73 Signed by [Signature] Title [Signature]

Policy No.....	FOR N.I.C. USE ONLY Checked by..... APPROVED BY: EXAMINER..... DATE.....	RECEIVED RECEIVE AUG 13 1973
Class.....		
Policy Form.....		
Status Clerk.....		
Date....., 19.....		

1300

REPORT OF INJURY OR OCCUPATIONAL DISEASE
and
WORKMAN'S CLAIM FOR BENEFITS

CLAIM NUMBER
74-1492

FIRST REPORT OF ACCIDENT TO BE COMPLETED BY EMPLOYEE, PHYSICIAN AND EMPLOYER
THE NEVADA INDUSTRIAL COMMISSION REQUESTS THIS REPORT BE MAILED TO THE CARSON CITY OFFICE WITHIN FIVE (5) DAYS OF THE ACCIDENT.

EMPLOYER—COMPLETE AND SIGN THE FOLLOWING:

EMPLOYER	Name on Certificate of Insurance Western Nevada Diesel Sales & Service-Haney Trans Service		Policy Account Number 57611	
	Mailing Address 1285 Glendale Rd. Sparks, Nev. 89431		Telephone Number 352-4710	
	Nature of Business Diesel Repair		Under what classification have you been reporting employee? 7531	
EMPLOYEE	Name (Per Payroll) Ralph Yush		Social Security Number 554-07-9699	
	Home Address 2835 Wronnell Way - Space 10 Reno, Nev.		Age 58	Sex male
			Marital Status Yes	
	Occupation and Usual Duties Diesel Repairs	Dept. Assigned Mechanic	Name state in which hired Nev. Length of employment with you in Nevada 2 1/2	
Place of accident? 1285 Glendale Rd. Reno, Nev.	Street Street	City Reno, Nev.	State Nev.	Date of Accident 6-3-73
What was employee doing when injured? Working on trailer-- something got in his eye			Injury sustained on employers premises? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
How did accident occur? (Be specific and in detail; use additional sheet if necessary.) Something flew up and into his eyes				
Name object or substance which directly injured employee? Possible aluminum shavings		Part of body affected? both eyes		Did injury result in death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Did injured report accident or exposure at once? (Explain "No")				<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Did he report accident or exposure to his supervisor? (Give name) Bud Haney				<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Were there witnesses to accident or exposure? (Give names) Floyd Collins				<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was an investigation of unsafe conditions and/or unsafe acts made? If yes, please submit copy.				<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was injured intoxicated or misconducting himself at time of accident? (Explain "Yes")				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DISABILITY AND DEPENDENCY	Date disability commenced 8-3-73		Last day wages were earned	
			Date back on job 8-3-73	
	If and when doctor says employee may do light work, will you have such work available? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
	Give average monthly wage? \$ 900.00		Are you paying his wages during disability? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is injured furnished room....., meals..... or other advantages in addition to wages? (Explain) (Number)				<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

I CERTIFY TO THE TRUTH OF THE FOREGOING STATEMENTS:

Date report completed **Aug 10, 1973** Signed by **[Signature]** Title **Bookkeeper**

Policy No.....	FOR NIC USE ONLY	RECEIVED	
Class.....		Checked by.....	RECEIVED
Policy Form.....		APPROVED BY: EXAMINER.....	SEP 6 1973
Status Clerk.....		DATE.....	
Date....., 19.....			

FOR PROMPTNESS (HANDLING BE SURE CLAIM IS COMPLETE AND LEGIBLE.

74-1492

M RUSH, RALPH O. 345-4 SELLYEI
58 2835 WRONDEL NO.10 8583581 #17

RECORD OF ADMISSION

WASHOE MEDICAL CENTER - Reno, Nevada

CATH RENO, NV. 2-26-15
2140322900 NIC 9-3-73

COST CENTER	121	RM NO.	345	BED	4	ADMIT TIME	13 55	ADMIT DATE	9 3 73
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L N	Rush	FIRST NAME	XRAY Ralph O.	MI	SEX	M	DATE OF BIRTH	MO.	DAY	YR.	AGE	RACE	VETERAN
							2 26 15				58	Cauc	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

PERM. ST. ADD.	2835 Wrondel Way #10	CITY STATE ZIP	Reno, NV 89502	YEARS IN AREA	1 1/2 yrs	PHONE AREA CODE	702	PHONE NO.	323-5580
TEMP. ST. ADD.		CITY STATE ZIP		STUD. OCCUP.		TELEPHONE		<input type="checkbox"/> HOTEL <input type="checkbox"/> REL. <input type="checkbox"/> FRIEND	<input type="checkbox"/> HOTEL <input type="checkbox"/> FRIEND

WAR. STAT.	X	S	M	DIV	SEP	WID	SOC. SEC. NO.	554-07-9699	RELIG CODE	12	RELIGION	Cath	LODGE	None	SAFEKEEPING NO.
------------	---	---	---	-----	-----	-----	---------------	-------------	------------	----	----------	------	-------	------	-----------------

DR. CODE	69 8165	DOCTOR	Sellyei	CONS. DR. CODE		DIAG-NOSIS	Cataract left eye
----------	---------	--------	---------	----------------	--	------------	-------------------

ALLER. SIES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DESCRIBE ALLERGIES		PREV. ADMIT DATE	None	PREV. ADMIT NAME		MAIDEN NAME	
-------------	---	--------------------	--	------------------	------	------------------	--	-------------	--

BROUGHT FROM	Home	BROUGHT BY	Pri Car	DESCRIBE ACCIDENT TYPE		<input type="checkbox"/> PED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASS	HOW ADMITTED	<input type="checkbox"/> ER <input checked="" type="checkbox"/> DIRECT
--------------	------	------------	---------	------------------------	--	--	--------------	---

NOTIFICATION (NAME, LAST NAME, FIRST NAME, INITIAL)	Rush, Mary E.	ADDRESS	X <input type="checkbox"/> SAME AS PATIENT	RELATIONSHIP	<input type="checkbox"/> OTHER <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> SPOUSE	TELEPHONE NO.	323-5530
---	---------------	---------	--	--------------	--	---------------	----------

NEAREST OTHER RELATIVE NOT AT SAME ADDRESS	Torribio, Lucille	ADDRESS	2554 Central Ave., El Monte, CA	RELATIONSHIP (DESCRIBE)	mother in law	TELEPHONE NO.	213-443-6774
--	-------------------	---------	---------------------------------	-------------------------	---------------	---------------	--------------

1ST. QUAR. LAST NAME	Rush	FIRST NAME	Ralph O.	RELATIONSHIP	Self
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2ND. QUAR. ST. ADD.	2835 Wrondel Way	CITY STATE ZIP	Reno, NV 89502	PHONE AREA CODE	702	PHONE NO.	323-5580
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EMPLOYER	Haney Transportation	ADDRESS	1285 Glendale Rd. Sparks, NV	YEARS EMPL.	1 yr	OCCUPATION	Heavy Duty Mechanic
----------	----------------------	---------	------------------------------	-------------	------	------------	---------------------

RENT	<input checked="" type="checkbox"/> DOWN <input type="checkbox"/> RENT	NO. OF DEP.	1	INCOME		BANK & BRANCH	FNB Kietzke & Roberts	TYPE OF ACCOUNT	<input checked="" type="checkbox"/> SAV.	AUTO MAKE	Chevy	YR. FINANCED BY	1966	A & D Motors Gentry
------	--	-------------	---	--------	--	---------------	-----------------------	-----------------	--	-----------	-------	-----------------	------	---------------------

CREDIT REFERENCES	A & D. Motors Gentry Way	DEPOSIT		DATE		RECEIPT NO.	
-------------------	--------------------------	---------	--	------	--	-------------	--

IND. QUAR. LAST NAME	Rush	FIRST NAME	XXXXXXXXXX Mary E.	RELATIONSHIP	Wife
----------------------	------	------------	-------------------------------	--------------	------

QUAR. ST. ADD.	2835 Wrondel Way # 10	CITY STATE ZIP	Reno, NV 89502	PHONE AREA CODE		PHONE NO.	323-5580
----------------	-----------------------	----------------	----------------	-----------------	--	-----------	----------

EMPLOYER		ADDRESS		YEARS EMPL.		OCCUPATION	Homemaker
----------	--	---------	--	-------------	--	------------	-----------

WATER. NITY CODE	<input type="checkbox"/> MOTHER <input type="checkbox"/> BABY BOY <input type="checkbox"/> BABY GIRL	CONVIT VISITOR TYPE		C	V	NURS BOARD	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DIAG. CODE		GEO. GRAPHIC CODE		ANTIC. DISCH. DATE		RELA' ACCT NO.		MED. REC. NO.	
------------------	--	---------------------	--	---	---	------------	---	------------	--	-------------------	--	--------------------	--	----------------	--	---------------	--

<input type="checkbox"/> ACCEPTED CO. PATIENT	<input type="checkbox"/> REFER TO COUNTY - ADMITTED THRU ER OR DIRECT	<input type="checkbox"/> POLICE HOLD	AGENCY
---	---	--------------------------------------	--------

INSURANCE CO.	N. I. C.	GUARANTOR NO.	1	INSURANCE CO.		GUARANTOR NO.	
NAME	Date of Injury July 73	INS. CO. NO.	0124	NAME		INS. CO. NO.	
ADDRESS	Grp Haney Transportation	CITY, STATE & ZIP	Not positive of Date	ADDRESS		CITY, STATE & ZIP	
POLICY NO.		GROUP NO.		POLICY NO.		GROUP NO.	
INSURED	Ralph O. Rush	INSURED					
SS	554-07-9699	BIRTHDATE		SS		BIRTHDATE	

STATISTICAL CODE 010 02

REMARKS Possible NIC Caused by injury at Haney Transportation
 wife stated Doctor thought it might be NIC
 Papers have been file with NIC
 Info by phone
 (over) in mother

ADMINISTRATIVE FILE COPY

1302

315-4
2033
NIC 9-3-73

PROGRESS RECORD

9-3-73

Pl. for removal cataract OS

Allyen

3 Sept 73

Pre anasth

58 yr old 1+ ph/dong 5 cough on top pua

Pre-anasth well tol. Defor, understand of acute anasth — either local or gen class II Amid

9/4/73

Post anasth

status post op

Boyer

345-4
 53 2535 WASHOE BLVD. #1 SELLYEY
 CATH. REAR, RT. 2-26-15
 2140322900 NIC 9-3-73

WASHOE MEDICAL CENTER
 NURSES' OBSERVATIONS

Form #23680

10-120) 345-4

DATE	TIME	
9/3/73	1430	AUTHORIZATION SIGNED <input checked="" type="checkbox"/> I.D. BAND ON = 2140322900
		URINE SPECIMEN TO LAB. <input checked="" type="checkbox"/> BLOOD WORK DRAWN <input checked="" type="checkbox"/>
		ORIENTED TO UNIT <input type="checkbox"/> VISITING HOURS EXPLAINED <input checked="" type="checkbox"/>
		INSTRUCTIONS RE: NURSE CALL SYSTEM <input checked="" type="checkbox"/> DENTURES: UPPER <input checked="" type="checkbox"/> LOWER <input checked="" type="checkbox"/> partial
		DENTURE CUP <input checked="" type="checkbox"/> MONEY <input checked="" type="checkbox"/> RINGS <input type="checkbox"/> WATCH <input checked="" type="checkbox"/> GLASSES <input type="checkbox"/>
		CONTACT LENSES <input type="checkbox"/> OTHER <input type="checkbox"/>
		PROSTHESIS: NO
		T. 98 ² P. 80 R. 24 BP. 116/62 HT. 6'1" WT. 149
		SKIN CONDITION: Good
		ALLERGIES: NONE KNOWN CLOTHES <input checked="" type="checkbox"/>
		HOW ADMITTED: Car DR. NOTIFIED <input type="checkbox"/>
	1500	CONDITION: Satisf.
	1730	Some tam. loose
		On Sellye. Unit
	2100	Quiet
	SEP 4 1973	
	0800	Insomnia to sleep NPO for surgery
	1100	Keeping
	1400	A quiet sleep
	1730	NPO
		allowing 3 AM care
	1800	Neosporin ophth. sol. qts i to eye
	1900	Prochlorperazine 10% qts i to eye
	2015	Propofol 10% qts i to eye
	1100	Demerol 100mg
		Robenid. 0.3mg DM given
		Vistaril 100mg DM given
		Demerol 30mg in 30cc 10ml (25 given)
	1130	To DR
	1625	Relief from OR at 10:30 AM. 10:00 AM - 5:00 AM care
	1815	Demerol 100mg 20cc given
	2100	AS care
		SEP 5 1973
		1304

CONSENT TO OPERATION AND ANESTHESIA

PATIENT RUSH, RALPH O. AGE 58 years

DATE September 3, 1973 TIME 1:55PM A.M. PLACE Admitting Office P.M.

1. I hereby authorize Dr. SELLYEI and whomever he may designate as his assistants, to perform upon RALPH O. RUSH the following operation: CATARACT SURGERY LEFT EYE,

and if any unforeseen condition arises in the course of the operation calling, in his judgment, for procedures in addition to or different from those now contemplated, I further request and authorize him to do whatever he deems advisable.

2. The nature and purpose of the operation, possible alternative methods of treatment, the risks involved, and the possibility of complications have been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

DRS. WILLIAMS, LOUDON, BEYE
CHRISTIAN or DOOSTKAR

3. I consent to the administration of anesthesia to be applied by or under the direction of Dr. (s) _____, and to the use of such anesthetics as he may deem advisable.

4. I consent to the disposal by authorities of the WASHOE MEDICAL CENTER Hospital of any tissues or parts which may be removed.

5. I consent to the taking of any photographs in the course of this operation for the purpose of advancing medical education.

6. For the purpose of advancing medical and nursing education, I also consent to the admittance of authorized medical observers to the operating room.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT TO OPERATION AND ANESTHESIA, THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPHS, IF ANY, WERE STRICKEN BEFORE I SIGNED:

Signature of patient Ralph O. Rush

Signature of patient's husband or wife _____

"Confidential Information for Professional Use Only"

When patient is a minor or incompetent to give consent:

Signature of person authorized to consent for patient _____

Relationship to patient _____

Witness: [Signature]

I am aware that sterility may result from this operation although such a result has not been guaranteed. I know that a sterile person is incapable of parenthood.

Signature of patient _____

Signature of patient's husband or wife _____

23 2835 WRONDEL NO. 10 SELLYEI
 CATH RENO, NV. 2-26-15
 2140322900 NIC 9-3-73

LABORATORY REPORTS

SEROLOGY

FOR OUTPATIENT USE ONLY

PATIENT NAME M RUSH, RALPH O. 345-4
 58 2835 WRONDEL NO. 10 SELLYEI
 CATH RENO, NV. 2-26-15
 2140322900 NIC 9-3-73

CHART COPY

WASHOE MEDICAL CENTER-RENO, NEVADA

<input checked="" type="checkbox"/> RPR	RPR NON REACTIVE	P. TULARENSIS	HETEROPHILE SCREEN
FTA		FEBRILE AGGLUTININS	PRESUMPTIVE
CRP		SALMONELLA: O ANTIGEN H ANTIGEN	G.P. ABS.
R-A TEST	R-A TITER	GROUP A	OXCELL ABS.
ASO-TEST		B	
COLD AGGLUTININS		C	
BRUCELLA		D	
PROTEUS OX-19	OX-2	E	

9/15 9:30 am

PATIENT NAME M RUSH, RALPH O. 345-4
 58 2835 WRONDEL NO. 10 SELLYEI
 CATH RENO, NV. 2-26-15
 2140322900 NIC 9-3-73

FOR OUTPATIENT USE ONLY

CHART COPY

WASHOE MEDICAL CENTER - RENO, NEVADA

<input checked="" type="checkbox"/> ROUTINE	MICRO	COLOR	CHARACTER	PH
PREGNANCY TEST		SPECIFIC GRAVITY	WBC	5.0
FAT		PROTEIN	RBC	
PORPHOBILINOGEN		GLUCOSE	CASTS	
PSP		KETONES	CRYSTALS	
24 HR. PROTEIN		BILIRUBIN	EP. CELLS	
UROBILIN		OCCULT BLOOD	BACTERIA	
UROBILINOGEN QUAL.		OSMOLALITY	MUCOUS THREADS	
UROBILINOGEN SEMI-QUANT.			TRICHOMONAS	

OUTPATIENT USE ONLY

DATE REQUESTED	NURSE	TECHNOLOGIST	DIFFERENTIAL
9-3		WLS	59% POLYS 36% LYMPHS 2% MONOS 3% EOSINO

PATIENT NAME M RUSH, RALPH O. 345-4
 58 2835 WRONDEL NO. 10 SELLYEI
 CATH RENO, NV. 2-26-15
 2140322900 NIC 9-3-73

CHART COPY

WASHOE MEDICAL CENTER - RENO, NEVADA

<input checked="" type="checkbox"/> Hemogram	<input type="checkbox"/> Platelet Count	<input type="checkbox"/> Reticulocytes	<input type="checkbox"/> Diff	<input type="checkbox"/> Sef. Rate
DATE PERFORMED	TEST	NORMAL VALUES	TEST	NORMAL VALUES
9 0 3	WBC X 10 ³	M-4.8-10.8 F-4.8-10.8	WBC X 10 ³	7
3 6 0	RBC X 10 ⁶	M-4.6-6.2 F-4.2-5.4	RBC X 10 ⁶	4
0 8 7	Hgb gm	M-14-18 F-12-16	Hgb gm	7
4 4 9	Hct %	M-42-52 F-37-47	Hct %	7
1 5 7	MCV μ ³	M-80-94 F-79-97	MCV μ ³	3
4 5 7	MCH μg	M-27-37 F-27-31	MCH μg	6
0 9 3	MCHC %	M-32-36 F-32-36	MCHC %	5
3 1 6	R.B.C. (SUBMICROSCOPIC)			
3 4 5	POIKILOCYTOSIS			
	ANISOCYTOSIS			
	HYPOCHROMIA			
	MACROCYTOSIS			
	BRICHROCYTOSIS			
	POLYCHROMIA			
	S.D. RATE	M.M. I.H.D.		
	PLATELETS	/CU. MM.		
	RETICULOCYTES	%		
	PLATELETS	QUANTITATIVE NUMBER		
		NORMAL MORPHOLOGY		

PHYSICAL EXAMINATION

HUSH, Ralph
ROOM: 345-4

Well developed, well nourished male who is alert and cooperative.

Ocular findings: Visual acuity on the right is 20/20 without correction. Visual acuity on the left is hand motion questionably and light perception with good projection for sure. The right eye appears normal. There is no residuals from the small foreign bodies that he had. The left eye reveals an intact corneal scar sensually. The anterior chamber is shallow. There is a very dense opacity lens. Pupil dilates well without any problem. Fundus is non-visualized on the left. Appears normal on the right. There is a beginning exotropion present on the left.

ENT: Negative.

CHEST: Clear to P/A.

HEART: Regular rhythm without murmurs or cardiomegaly.

ABDOMEN: Soft, nontender. No organomegaly.

EXTREMITIES: Negative.

IMPRESSION: Cataract, left eye.

LS:lw
Tr: 9/2/73
cc: Dr. Sellyei

L. Sellyei
L. SELLYEI, M.D.

9/5 ~~2110~~ Indicates - struck in the eye
to some type of metal particle he believes -
prior to 8/9 73 - This occurred in a fan
body factory - He was seen on 8/9/73, in
the office at which time he was found
to have a small foreign body in the
(R) eye as well as a small lacrimian
which was small to moderate in size
and on the left and a cataract

Surgery on left eye - Cataract -
Dr Sellye

Pt states he was hit in both eyes -
M. Moller D.O.

74-1492
Ralph O. Rush

8-3-73 F.B. Both Eyes.

8-9-73 F.B. Removed Right eye.

9-4-73 removed secondary cataract, left eye.

I feel we should only be obligated to
the medical aspect of removing the F.B.
or \$32.50 plus eye x-ray of 8/13/73.

Your comment please.

9/7/73 I concur - no flight - for
extract

LOUIS F. SELLYEI, Jr., M.D., Ltd.
SURGERY AND DISEASES OF THE EYE
1000 RYLAND, RENO, NEVADA 89502
TELEPHONE 702 / 786-4777

September 14, 1973

Nevada Industrial Commission
515 East Musser Street
Carson City, Nevada 89701

Att'n: Mr. Al Blomdal

Re: Ralph Rush
DI: 8/3/73

Dear Mr. Blomdal:

I am writing in regard to Mr. Ralph Rush, who seems to be creating a problem for you people. In reply to your request as to why he was able to walk around with such a severe eye injury, may I suggest that the man was in severe financial distress and it was imperative for him to work. This is the explanation that he gave to me when I also questioned him about that. Also in reply to your request as to how could a cataract possibly form in such a short interval, I might suggest to you that traumatic cataracts have been known to form with severe injuries in a matter of minutes to hours. The reason the cataract was removed was that it was causing an elevated intraocular pressure which would lead to complete loss of the eye if it were not treated.

I sincerely believe that this man has a legitimate complaint and should not be hassled just because he was trying to work and perform his necessary duties while injured.

Sincerely yours,

Louis F. Sellyei, Jr., M.D.
Louis F. Sellyei, Jr., M.D.

LFS:te

RECEIVED

SEP 17 1973

NEVADA INDUSTRIAL
COMMISSION

1311

PATIENT HISTORY

Form #23714

RUSH, Ralph
RCOM: 345-1

L. SELLYEI, M. D.

HISTORY OF PRESENT ILLNESS:

The patient is a 58 year old white male who was struck in the eye with some type of metal particle he believes, prior to 8/9/73. This resulted in a foreign body feeling. He was seen on 8/9/73, in the office at which time he was found to have a small foreign body in the right eye as well as corneal laceration which was small to moderate in size and on the left and a cataract. The anterior chamber was partially shallowed. X-ray of the left globe failed to reveal any evidence of metal particles in the eye. He was followed conservatively with topical antibiotics. The lens increased in size on the left to the point where the intraocular pressure is now elevated. He has light perception vision and he is admitted for cataract extraction of the left eye. The corneal wound has healed to the point where it is felt it will not be disturbed by the procedure.

PAST HISTORY:

Had a hernia operation about ten years ago. Denies any allergies. No present medications.

SYSTEMS REVIEW:

Entirely negative except for ocular findings as above.

LS:lw

Tr: 9/2/73

cc: Dr. Sellyei

L. Sellyei
L. SELLYEI, M. D.

*9/2/73
Rev. C. Petty, M.D.
Not industrial
CATARACT.*

CODE M F FIRST NAME MI LAST NAME EMPLOYER
 M F FIRST NAME MI LAST NAME EMPLOYER

ADDRESS CITY STATE ZIP
 XIX-MED-NIC-INS. SOC. SEC. NO.

BROUGHT BY BROUGHT FROM ACCIDENT TYPE
 REDIT INFORMATION-DRIVERS LICENSE OR ADMITTING DIAGNOSIS RELIGION

DOCTOR REQUESTED CALLED 1740 SERVICE DOCTOR CALLED
 RESPONDED 1740 PATIENT SIGNATURE
 ARRIVED COV. WITNESS

BP 145/156 T-97° P-76 R-16 ALLERGIES NONE
 TOTAL CHARGES 32.00
 PAYMENTS
 BALANCE 32.00

POSITIVE CLINICAL FINDINGS
 40 passing out & shaking after an
 emotional upset.

Surging several weeks ago on @ eye for removal of a Traumatic Cataract. Became quite upset today when talking to insurance company. Became of one's mind. Neuro - WNL

DOCTOR'S ORDERS AND TREATMENT
 Veronal 50mg IM ^{given} 18:05

RECEIVED
 SEP 27 1973

NEVADA INDUSTRIAL COLLEGE	LABOR FEE	11.30
	PRO FEE	12.70
	TOTAL FEE	24.00

ADMISSIONS
 Anxiety

STAMP 18:05 DOCTOR'S SIGNATURE T. M. Chee
 DISPOSITION HOME ADMIT OTHER: SPECIFY TRANSPORTATION OWN AGENCY AMB

INSTRUCTIONS: SEE YOUR PRIVATE PHYSICIAN WITHIN DAYS RETURN TO THE CLINIC DATE TIME A.M. FOR REDRESSING REMOVAL OF SUTURES
 HAVE RECEIVED THE FOLLOWING MEDICATION: TETANUS TOXOID CC PENICILLIN UNITS
 PRESCRIPTION GIVEN: YES NO SPECIAL REMARKS:
 NURSE'S SIGNATURE
 PATIENT'S SIGNATURE AND ACKNOWLEDGMENT OF INSTRUCTIONS

NEVADA INDUSTRIAL COMMISSION



CLAUDE EVANS
COMMISSIONER REPRESENTING LABOR
JAMES S. LORIGAN
COMMISSIONER REPRESENTING INDUSTRY

ADDRESS ALL CORRESPONDENCE TO
NEVADA INDUSTRIAL COMMISSION

REPLY TO

October 2, 1973

515 East Musser Street
Carson City, Nevada 89701

Louis F. Sellyei, Jr., M.D.
1000 Ryland Street
Reno, Nevada 89502

Re: Ralph O. Rush
Claim: 74-1492
Injured: 8-3-73

Dear Dr. Sellyei:

The Commission has received the various medical reports from the Washoe Medical Center, as well as your letter dated September 14, 1973. As indicated in your letter, and our Chief Medical Advisor, Dr. Richard Petty, M.D., agrees with you in it's entirety, that in a case of serious eye injury, a cataract can form quite rapidly. We do, however, question a severe eye injury at this point.

In reviewing your patient's history you do document a corneal laceration "which was small to moderate in size and on the left, and a cataract". Further on in the history you indicate "the corneal wound has healed to the point where it is felt it will not be disturbed by the procedure". It would therefore seem, from a medical point of view, that this cataract was not caused by the trauma which occurred on August 3, 1973.

The Commission has also checked with prior employers of Mr. Rush and this gentleman is known to have had prior medical problems with this left eye. Our Chief Medical Advisor has reviewed the medical record and he too is in complete concurrence with your statement. There is no question that Mr. Rush did have a cataract and surgery was necessary. However, we do question the injury of August 3, 1973 being the etiology of this cataract.

Any comment would be greatly appreciated.

Very truly yours,

Al Blomdal
Claims Examiner

AB:ca

LOUIS F. SELLYEI, Jr., M.D., Ltd.
SURGERY AND DISEASES OF THE EYE
1000 RYLAND, RENO, NEVADA 89502
TELEPHONE 702 / 786-4777

October 11, 1973


Mr. Al Blomdal
Nevada Industrial Commission
515 East Musser Street
Carson City, Nevada 89701

Re: RUSH, Ralph
Claim: 74-1492
Injured: 8-3-73

Dear Mr. Blomdal:

Thank you for your letter regarding Mr. Ralph O. Rush who has claim number 74-1492. In your second paragraph you state that it would seem therefore, from a medical point of view, that this cataract was not caused by the trauma which occurred on August 3, 1973 because of the corneal laceration which was small to moderate in size and was healed to the point where it was felt it would not be disturbed by the procedure. In my statement on the hospital form I was referring purely to the cataract extraction not interfering with the corneal laceration. The corneal laceration had not been sutured because of its small size. The size of a corneal laceration does not have any direct connection with the formation of a cataract. It can form following a pinpoint laceration or one which is involving the entire cornea. The cataract was removed primarily because it was enlarging in size and causing a secondary glaucoma. Whether the cataract was present prior to the injury is impossible for me to say with certainty because I had not examined the man before his injury. Even if it were present and the injury caused an enlargement of the cataract, it would seem to have a cause and effect relationship necessitating its removal.

It is impossible for me to determine the severity of the injury other than he did have a corneal laceration. If you do question this, which is just beyond my scope, as to his previous medical problems, I can just go by


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OCT 17 1973
1315
INDUSTRIAL
COMMISSION

LOUIS F. SELLYEI, Jr., M.D., Ltd.
SURGERY AND DISEASES OF THE EYE
1000 RYLAND, RENO, NEVADA 89502
TELEPHONE 702 / 786-4777

pg. 2
RUSH, Ralph

what the gentleman tells me at the time of the examination. The type of findings that he did have are quite compatible with a most recent injury. I am personally quite against anyone obtaining claims from insurance companys for non-valid reasons, but it would seem that Mr. Rush may have a valid point.

If I can be of any further help, please let me know.

Sincerely yours,

Louis F. Sellyei, Jr., M.D.

LFS:t1e

RECEIVED

OCT 13 1973

NEVADA INDUSTRIAL
COMMISSION

LOUIS F. SELLYEI, Jr., M.D., Ltd.
SURGERY AND DISEASES OF THE EYE
1000 RYLAND, RENO, NEVADA 89502
TELEPHONE 702 / 786-4777

October 23, 1973

Mr. Al Blomdal
Nevada Industrial Commission
515 East Musser Street
Carson City, Nevada 89701

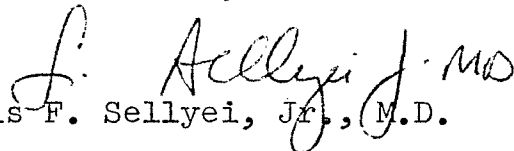
Re: RUSH, Ralph O.
Claim: 74-1492
Injured: 8-3-73

Dear Mr. Blomdal:

Mr. Ralph Rush was seen last on 10-23-73 at which time he was found to have a healing cataract incision, a corneal laceration which had healed well, and the eye was healed to the point where I was able to visualize the retina and he was found to have a retinal detachment which will require further evaluation at a retinal detachment center. He is therefore to be set up for an appointment at one of the university centers and he will be notified as soon as the appointment has been made and he is able to see the physicians in charge there.

I hope this information will be of value to you in this matter.

Sincerely yours,


Louis F. Sellyei, Jr., M.D.

LFS:t1e

RECEIVED
OCT 25 1973
NEVADA INDUSTRIAL
COMMISSION

1317

RE: *Ralph Rush*

CLAIM NO.

MEDICAL DEPARTMENT

Chief Medical Advisor:

Do you see anything since your last comment (refer to Dr Sellye's latest report) which might alter your thinking. If not, I intend to send denial letter as being considered our liability, at this time.

TO
CLAIM DEPARTMENT:

DB
11/20/73
See letter
RP

CHIEF MEDICAL ADVISOR

1318

LOUIS F. SELLYEI, Jr., M.D., Ltd.
SURGERY AND DISEASES OF THE EYE
1000 RYLAND, RENO, NEVADA 89502
TELEPHONE 702 / 786-4777

November 8, 1973

Mr. Al Blomdal
Nevada Industrial Commission
515 East Musser Street
Carson City, Nevada 89701

Re: RUSH, Ralph
Claim: 74-1492
Injured: 8-3-73

Dear Mr. Blomdal:

In reply to your request for further information regarding Ralph Rush, he does definitely have a retinal detachment involving the left eye and the characteristics of the detachment with a band extending between two portions of the retina make it highly suspicious for having been caused by some type of intraocular disarrangement. Whether this was caused by the foreign body or not is extremely difficult for me to say because at no time could I see the back of the eye during or after his initial visit. The cataract prevented a clear view of the fundus. Ocular foreign bodies are one of the leading causes of retinal detachment if there is no further predisposition with the family history, etc. The severity of the detachment makes it necessary for him to be referred to a center where they do the more elaborate retinal detachment procedures. The equipment is not available in the Reno area to have this procedure performed.

I hope this information will be of value to you.

Sincerely yours,

L. Sellyei MD

Louis F. Sellyei, Jr., M.D.

LFS:t1e

RECEIVED

NOV 9 1973

NEVADA INDUSTRIAL
COMMISSION

1319

LOUIS F. SELLYEI, Jr., M.D., Ltd.
SURGERY AND DISEASES OF THE EYE
1000 RYLAND, RENO, NEVADA 89502
TELEPHONE 702 / 786-4777

November 27, 1973

Mr. Al Blomdal
Nevada Industrial Commission
515 East Musser Street
Carson City, Nevada 89701

Re: RUSH, Ralph
Claim: 74-1492
Injured: 8/3/73

Dear Mr. Blomdal:

In reply to your statement that the Nevada Industrial Commission claim is to be refused on Mr. Ralph Rush unless that it is stated on my part that the retinal detachment was definitely caused by the injury, it must be stated that at this point, as it was in my last letter, that the cataract did not permit a view of the retina at the time of the injury. It is therefore impossible on anyone's part to state what exactly happened to the retina as a result of the injury. The type of retinal detachment that he has is the type that is seen frequently with injuries to eyes. I would be surprised if anyone in the world could look at the retinal detachment and say that it was definitely caused by that one particular injury. Too many changes occur to validly make that statement.

On the other hand, Mr. Rush is in fairly immediate danger of going blind if he is left untreated. A retinal detachment of this type does not resolve itself spontaneously and must surgically corrected, if it is not even too late to do this. As I have stated before, the facilities only exist in larger medical centers and he is in need of treatment at such a place.

Sincerely yours,



Louis F. Sellyei, Jr., M.D.

LFS;tle
enclosure

RECEIVED

NOV 28 1973

RECEIVED
NOV 28 1973


1320

Comment to: Don Breighner

Re: Ralph Rush
Claim No: 74-1492

December 4, 1973

This represents the third or fourth time I have reviewed this claim as to its acceptability and it seems we continue to receive letters from Dr. Sellyei, in an attempt to force acceptance. According to the medical records on or about 8/3/73, this now 58 year old diesel mechanic was admitted to Washoe Medical Center on 9/3/73, for the purpose of removing a cataract. The history as given by Dr. Sellyei indicates that he was struck in the eye with some type of metal particle and he was seen on 8/9/73 by Dr. Sellyei in his office where he observed a small foreign body in the right eye as well as a corneal laceration and also apparently observed a cataract in the left eye. He proceeded to further investigate with an x-ray which revealed no evidence of metal particles in the left eye. He reports that the visual acuity on the right was 20 - 20 without correction, and on the left light perception and hand motion only was apparent. He removed the cataract from the left eye and subsequent examination revealed that he has a retinal detachment in the left eye which requires lazer beam therapy. The claim has been denied since it was felt that something dropping into his eye, and we're not sure which eye it was, since it was not so stated in the C-2 initially, but later it would seem he had something in both eyes. "Foreign body, right eye, corneal laceration with intraocular foreign body, left eye". Dr. Sellyei in his medical commentary cannot relate all of this as definitely caused by any injury but such "is a possibility". Dr. Sellyei's latest communication dated 11/27/73, has been presented for my comment and I do not see anything in it to change our original opinion and it would seem that if this is acceptable it would have to come to an administrative decision. I certainly do not feel from the reports that we have in the file that the trauma was of significant degree to have caused his cataract and if the cataract is accepted we then will have to accept the detached retina as either a sequela or the result of the trauma and subsequent surgery. There is an element of doubt and as has been the policy in the past if there is an element of doubt it could be decided in favor of the claimant. I wou'd like to have a precise history as to what this accident really was. Some sort of an investigation along these lines seems appropriate to me. If he had a penetrating wound to his left eye this, of course, could result in his cataract as well as his detached retina but we have no history that I can find that would indicate any severe tramatic episode to his eye.


RICHARD A. PETTY, M.D.
Chief Medical Advisor

1321

MIKE O'CALLAGHAN
GOVERNOR

STATE OF NEVADA

JOHN R. REISER
CHAIRMAN

NEVADA INDUSTRIAL COMMISSION



CLAUDE EVANS
COMMISSIONER REPRESENTING LABOR
JAMES S. LORIGAN
COMMISSIONER REPRESENTING INDUSTRY

ADDRESS ALL CORRESPONDENCE TO
NEVADA INDUSTRIAL COMMISSION

REPLY TO

December 6, 1973

Carson City, Nevada 89701

Louis F. Sellyei, M.D.
1000 Ryland Street
Reno, Nevada 89502

Re: Ralph O. Rush
74-1492
8-3-73

Dear Dr. Sellyei:

The Chief Medical Advisor has reviewed your request of November 27, 1973, for surgical intervention in line with treatment of a detached retina on the above claimant, and from the information presently contained in your file, we are unable to assume liability for this procedure as having originated from the incident of injury that initiated this claim. Therefore, at this time, we must regard your proposal as a request in line with treating nonindustrial pathology.

Thank you for attention to this matter.

Sincerely,

Don Breighner
Claims Examiner

DB:sd

1322

ECHEVERRIA AND OSBORNE, CHARTERED

A PROFESSIONAL CORPORATION

ATTORNEYS AND COUNSELLORS AT LAW

555 SOUTH CENTER STREET

RENO, NEVADA 89501

TELEPHONE 323-8678

PETER ECHEVERRIA
ALFRED H. OSBORNE
JOHN T. COFFIN
E. A. HOLLINGSWORTH
ARTHUR T. NICHOLLS
LEW W. CARNAHAN
JOHN L. CONNER

December 13, 1973

Al Blomdal
Claims Examiner
Nevada Industrial Commission
515 East Musser Street
Carson City, Nevada

Re: Ralph Rush
Claim No: 74-1492

Dear Al:

Please find enclosed an authorization for release of information and accept this as notification that we have been retained by Mr. Rush to represent him in his pending N.I.C. matter.

This letter will also advise you of our attorney's lien in this matter and notification that all future correspondence should be directed to this office.

I have had a conversation with Dr. Louis Sellyei, who is Mr. Rush's treating physician and Dr. Sellyei advises me that by history, together with his examination, that in his medical opinion the detached retina was caused by the industrial accident on August 3, 1973.

I might also inform you that my interview with Mr. Rush indicated that he has always had what he calls a cockeye, that being the left eye which seemingly wanders off to the side. Mr. Rush has further indicated that he has never in his life had any difficulties with vision in the eye except for doing close work as he has grown older. Under these circumstances I think there can be absolutely no doubt but that there is a causal relationship between the accident of August of this year and the current condition.

DEC 14 1973

NEVADA INDUSTRIAL
COMMISSION 1323

Your information from co-workers of Mr. Rush is that in their opinion he could never really focus both eyes on them is obviously their impression of him looking at them with one normal eye and one "cockeye".

As Dr. Sellyei has indicated in his previous reports to you, this man must have surgery or loose the sight of his left eye permanently. There is absolutely no time for delay on this matter and I would appreciate your giving me a call upon receipt of this letter.

Best personal regards.

Very truly yours,



John T. Coffin

JTC:ls
Enc.

DEC 14 1973

NEVADA INDUSTRIAL
GROUP

1324

LOUIS F. SELLYEI, Jr., M.D., Ltd.
SURGERY AND DISEASES OF THE EYE
1000 RYLAND, RENO, NEVADA 89502
TELEPHONE 702 / 786-4777

December 13, 1973

Nevada Industrial Commission
515 East Musser Street
Carson City, Nevada 89701

Attention: Mr. Al Blomdal

Re: Ralph Rush
DI: 8/3/73

Dear Mr. Blomdal:

I am writing again regarding Ralph Rush at his request as well as that of his attorney, Mr. John T. Coffin. This is also in reply to one of your other previous requests, at which time you said it would be necessary to say that the retinal detachment which Mr. Rush has incurred is definitely caused by the injury. According to Mr. Rush his vision prior to the accident to the left eye was entirely normal. The eye was exotropic but this occurs normally in a surprisingly large percent of the population. This alone does not interfere with vision. Following the accident the vision was immediately decreased and has remained decreased since the injury. One can therefore deduct that whatever change he had to his eye was the direct result of the injury that he suffered. This fact applies whether I could see the retina at the time of the injury or not.

Sincerely yours,


Louis F. Sellyei, Jr., M.D.

LFS:t1e

RECEIVED
DEC 17 1973
NEVADA INDUSTRIAL
COMMISSION

1325

MIKE O'CALLAGHAN
GOVERNOR

STATE OF NEVADA

JOHN R. REISER
CHAIRMAN

NEVADA INDUSTRIAL COMMISSION



CLAUDE EVANS
COMMISSIONER REPRESENTING LABOR
JAMES S. LORIGAN
COMMISSIONER REPRESENTING INDUSTRY

ADDRESS ALL CORRESPONDENCE TO
NEVADA INDUSTRIAL COMMISSION

REPLY TO

December 17, 1973

Carson City, Nevada 89701

Echeverria and Osborne, Chartered
Attorneys and Counselors at Law
555 South Center Street
Reno, Nevada 89501

RE: Claimant: Ralph O. Rush
 Claim No: 74-1492
 Injured: 8-3-73

Attention: John Coffin:

Dear Mr. Coffin:

Pursuant to our telephone conversation of December 17, 1973 the following information is submitted for record purposes.

As you know there is considerable doubt as to Mr. Rush's present medical problem and the circumstances of the injury. This problem has been discussed in considerable detail with Dr. Petty and myself. In fairness to all parties it is felt that Mr. Rush's medical problem should be immediately taken care of under medical investigation and the etiology or causation be documented at a later date. I have so indicated this to Dr. Louis F. Sellyei, M.D., Reno, Nevada.

Very truly yours,

Al Blomdal
Claims Examiner

AB:sd

FRANKLIN MEDICAL CENTER
Castro and Duboce
San Francisco 94114

74-1492

Date 1/8/74

Nevada Industrial Commission
Insurance Carrier

Address 515 East Muss Carson City, Nevada

Patient Ralph O Rush

DOI: 8-3-73

Address 2855 Wendel Way Reno Nevada 89502

Employer Western Nev Dissel

Address Sales & Service 1285 Glendale, Sparks, Nev

above patient was admitted to this hospital on 1/7/74 upon the order and under the care of Doctor Dr. L. Lonn. This patient occupies a

Ward, bed	<u>X</u>	Dr. ordered	<u> </u>	Patient requested	<u> </u>	rate of which is \$	<u> </u>
Semi-private	<u>XXX</u>	Dr. ordered	<u> </u>	Patient requested	<u> </u>	rate of which is \$	<u>88.00</u>
Private room	<u> </u>	Dr. ordered	<u> </u>	Patient requested	<u> </u>	rate of which is \$	<u> </u>

charges for other services at the established rates of this hospital.

signify your approval or rejection by signing and returning this blank to us.

FRANKLIN MEDICAL CENTER

Nevada Industrial Commission
Name of Insurance Carrier

confirms
 rejects

Workmen's Compensation Coverage.

1327

rejected, reason

Signature: Don Burr, Jr.

Title: Claims Examiner

Date: 1/17/74

LAWRENCE I. LONN, M. D.
MEDICAL CORPORATION
FRANKLIN MEDICAL OFFICE BUILDING
FORTY-FIVE CASTRO STREET
SAN FRANCISCO, CALIFORNIA 94114
(415) 621-2526

January 16, 1974

Louis F. Sellyei, Jr., M.D.
1000 Ryland St.
Reno, Nevada 89502

Re: RUSH, Ralph

Dear Lou:

Thank you so much for asking me to examine this fifty-eight year old man in retinal consultation. He was seen on January 7 and explained that on August 3, 1973, he was working with an electric drill and felt something hit his left eye. Within a period of three weeks his vision became worse on the left, apparently due to a cataract formation. On September 4 a cataract extraction was performed, and subsequently your examination revealed the presence of a retinal detachment.

His past medical history is unremarkable with the exception of a hernia repair twelve years ago. He denied allergy, and the family history was noncontributory.

On examination visual acuity without correction measured 20/30 RE and light perception with poor projection LE. The extraocular motions were full in all directions of gaze. Biomicroscopy revealed early nuclear sclerosis on the right but the right eye was otherwise unremarkable. The left eye was aphakic. Fine KP were present centrally, and a hyphema was noted inferiorly in the anterior chamber. Numerous red cells were present in the vitreous.

Fundus examination on the right failed to reveal any abnormality. On the left no red reflex could be obtained, secondary to the massive vitreous hemorrhage. Intraocular pressure measured 18 mmHg RE and 7 mmHg LE.

An attempt was made to clear the vitreous hemorrhage by immobilizing him in the hospital, with both eyes patched, head elevated, and strict bedrest. This regimen was maintained for three days, with some clearing of the superior vitreous. However, it was still not possible to visualize the retina with any degree of accuracy and he was therefore discharged.

1328
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FEB 7 1974
NEVADA INDUSTRIAL
COMMISSION

RUSH, Ralph
Page II.

I've advised Mr. Rush that it's impossible to predict how long the vitreous hemorrhage will remain, but that it will not be possible to evaluate his retinal status until the hemorrhage has cleared.

I agree with you that the best course would be for him to see you at periodic intervals, and when the retina can again be visualized I would be very anxious to examine Mr. Rush at that time.

Many thanks again, Lou, for this most interesting referral.

Very sincerely,

LAWRENCE I. LONN, M.D.

LIL:bjl

LAWRENCE I. LONN, M. D.
MEDICAL CORPORATION
FRANKLIN MEDICAL OFFICE BUILDING
FORTY-FIVE CASTRO STREET
SAN FRANCISCO, CALIFORNIA 94114
(415) 621-2526

August 8, 1974

John T. Coffin
147 E. Liberty St.
Reno, Nevada 89501

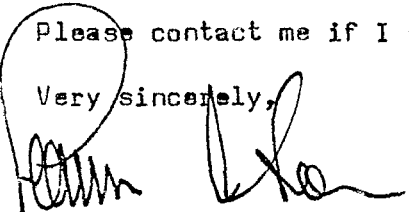
Re: RUSH, Ralph O.

Dear Mr. Coffin:

Thank you so much for sending the additional material regarding Ralph Rush. I am in complete agreement with Dr. Sellyei that not only is there little doubt that the retinal detachment was produced by his injury, but also can state there is a greater than 51% chance that if he had received early surgery vision might have been restored or maintained in his left eye.

Please contact me if I can be of any further assistance in this matter.

Very sincerely,



LAWRENCE I. LONN, M.D.

LIL:bjl
cc: Louis F. Sellyei, Jr., M.D.

RUSH, Ralph

A2-020198

Lawrence Lonn, M.D., Asst: F. Williams, M.D.

5/1/74

Retinal detachment secondary to a
giant retinal tear, left eye

Same

Retinal detachment surgery, left eye with injection
of intravitreal gas

ANASTHESIA:

General

PROCEDURE:

Following adequate levels of general anesthetic, the left eye was prepared and draped in the usual fashion. Lid sutures were placed and the conjunctiva was incised at the limbus to form a peritomy. All four rectus muscles were isolated and slung on #4-0 silk for traction. Using indirect orthalmoscopy the giant retinal tear in the superior half of the globe was visualized with the secondary retinal detachment and the retina flopped over the inferior retina.

Using the Keeler cryocautery machine and monitoring applications with indirect ophthalmoscopy the retina from the level posterior to the equator to the level anterior to the equator were treated using transcleral cryocautery.

A sclerotomy was then prepared in the upper temporal quadrant at the level of the 10'clock meridian about 5 mm. posterior to the ora serrata. A mattress suture was placed across this sclerotomy and a similar sclerotomy was prepared in the lower temporal quadrant at the 4 o'clock meridian over pars plana with a similar mattress suture placed over that sclerotomy.

The cord was then perforated through the superior temporal sclerotomy to release subretinal fluid. After considerable fluid was released a mattress suture was temporarily tied over this sclerotomy. Attention was then directed to the inferior temporal sclerotomy at which point a #27 gauge needle was introduced through the choroid and at a point between the detached retina and the attached retina. The patient's head had been turned to the left side prior to this maneuver. The needle was connected by means of a plastic tubing to a syringe containing a mixture of 60% SF6 gas and 40% RECEPTIVE
air which had been drawn through 2 milipore filters. The SF6-air

MAY 13 1974
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NEVADA INDUSTRIAL
COMMISSION

Operative Report
RUSH, Ralph
5/1/74
Page 2

mixture was then injected into the globe to reconstitute the normal pressure of the globe.

The mattress sutures over the two sclerotomies were then permanently tied and cut and conjunctiva was closed with interrupted #5-0 plain. The eye was dressed with a sterile eye pad and the patient was then somersaulted with his feet swinging an arc through the air so that he was then in a prone position. This maneuver massaged the air bubble over the detached retina and was intended to tamponade the retina against the choroid in the area of the detachment.

The patient left the operating room in good condition. There was no specimen.

Lawrence I. Lonn, M.D.

LILrb
5/7/74--Transcribed

ECHEVERRIA AND OSBORNE, CHARTERED
A PROFESSIONAL CORPORATION
ATTORNEYS AND COUNSELLORS AT LAW
555 SOUTH CENTER STREET
RENO, NEVADA 89501
TELEPHONE 323-8678

PETER ECHEVERRIA
ALFRED H. OSBORNE
JOHN T. COFFIN
E. A. HOLLINGSWORTH
ARTHUR T. NICHOLLS
JOHN L. CONNER
DAVID K. BABA

May 15, 1974

Mr. Don Breighner
Nevada Industrial Commission
515 East Musser Street
Carson City, Nevada

Re: Ralph Rush

Dear Don:

This will confirm our conversation of this afternoon in which I indicated to you that Mr. Rush must return to Dr. Lonn's office in San Francisco for post-surgical examination this week.

The expenses of this trip are \$55.27 for airfare, \$42.00 for round trip of cab to and from the San Francisco Airport, and \$25.00 for one-day sustenance. Would you kindly forward that check to Mr. Rush immediately, so that he can make this trip.

Thank you for your courtesy in this matter.

Very truly yours,

John T. Coffin
John T. Coffin

JTC/mbt

paid 5-16-74 Judy

RECORDED

MAY 16 1974

NEVADA INDUSTRIAL COMMISSION

1333

NEVADA INDUSTRIAL COMMISSION

CLAIMS DEPARTMENT

TELEPHONE COMMUNICATION FROM/TO: _____ DATE 12/5/74 TIME _____ A.M.
P.M.

RE: _____ NATURE OF REQUEST: _____
DOCTOR: _____
HOSPITAL: _____
CLAIMANT: _____
EMPLOYER: _____
OTHER: _____

ACTION TAKEN: Call from Dr. Selix
He wants to remove left eye
next week - Says clmt hasn't done
too well following eye surgery in
Bay Area. It advised we would need a
comprehensive medical report & rationale
for Dr. Petty to review prior to giving

Signature
OK on this one - The sending same this
PM.

DB

CS-101
5523
9-26-74

T Don Breighner
M Bill Haggatt
SUBJECT Ralph Rush

ACCOUNT NO.
CLAIM NO. 74-1492
DATE 12-9, 1974

please call Mr Selyea
and approve eye surgery.
I have discussed this
with Mr. Petty & he
concur

12/9/74

Done, did & done

DB

TO FILE
EXAMINER DON BREIGHNER
SUBJECT ~~JOHN R.~~ RUSH

ACCOUNT NO.....
CLAIM NO.....
DATE DECEMBER 13, 1974

Ralph

I received a phone call from John Coffin, who appeared to be very upset. Mr. Coffin advised he had just been notified by Mr. Rush, who was also quite upset, according to John, that one of our nurse's, whose first name was Terry, had come to his home and had been bothering he and his wife about details on the history of this claim and other matters pertaining to his current condition. He also indicated that Terry advised him I had directed her to pay this visit to Mr. Rush's home.

John said that he does not ^{want} ~~was~~ his clients solicited or bothered directly by any of our representatives and that they should deal directly with him. He wondered why this had been ordered and what the nature of our investigation was. At this point I emphasized to Mr. Coffin that I had no knowledge of any such action, that I had not, to my knowledge, ever discussed this claim with any of our industrial nurses in Reno and that I could only assume actions were result of independent initiative or ordered by someone else, of whom I had no knowledge at this point.

I pointed out to John that it was my understanding Mr. Rush was to have ^{e-} nucleation of the left eye this week and that I would have had no reason to have ordered such an inquiry or visitation by any of our nurses. I pointed out to John that quite frequently our industrial nurses do conduct hospital visits during the claimant's period of confinement for the purpose of seeing how they are getting along and maintaining a rapport between claimant and his treating physician. John replied that Mr. Rush had the surgery earlier this week and that, in any event, he did not feel that good judgement was exercised in paying this claimant a home visit at this rather inappropriate time.

He pointed out that Mr. Rush had been under quite a bit of depression in the past anyway, and that when one loses an eye, one undergoes quite a traumatic experience psychologically. To this I would have to agree.

Mr. Coffin said he felt I was going to be implicated as the fall guy in this case since, apparently, Terry had led the claimant to believe that I, as Claims Examiner, had ordered her to visit Mr. Rush at his home. I advised John that I would document the file with regard to this conversation and again reiterated that I had no reason to have requested such action. I suggested that he submit his protest in writing for the benefit of whomever might have be responsible. I also advised him that I would discuss the matter with the Claims Manager, Bill Daggett. I intend to contact Terry at the Reno Office in order to determine additional details and get her side of the story.

DB:jf49

File
Don B
FROM
SUBJECT Terry - Ind. Nurse

ACCOUNT NO.
CLAIM NO.
DATE 12/13, 1924

(Ret my phone call)

Terry informed that she saw in Hosp.
Never saw him @ home Said
clmt was asking about his
claim. She advised that he
is quite bitter & hostile toward
NIC & any one who works for
them. Unstable personality, ^{@ this time} A very
upset over loss of the eye etc.
She advised the wife, who was visiting
@ hospital, is very hostile also.

Terry has dictated a memo to file
covering any observations & discussion
while @ hospital. Clmt is still
hospitalized as of this date.

DB

DON BREIGHNER

ACCOUNT NO.

ESTIGATOR TERRY NELSON, R.N.

CLAIM NO.

SUBJECT RUSH, RALPH O.

DATE DECEMBER 19, 1974

PERSONAL DATA:

Name: Ralph O. Rush

Address: 2835 Rondell Way, #10, Reno, Nevada 89502

Phone Number: 825-8580

Birthdate: February 26, 1915

Social Security Number: 554-07-9699

NIC Claim Number 74-1492

PROGRESS NOTE:

On Friday, December 13, 1974, Mrs. Myers, the head nurse on the Surgical Unit at Washoe Medical Center called to inform me that Mr. Rush had been discharged that morning by Dr. Sellyei. I attempted to call Mrs. Rush to speak with her of our plan of the day before of having a Home Health Aide spend four hours a day for the next coming week to care for Mr. Rush and to evaluate his being able to care for himself. At that early hour, I was unable to contact Mrs. Rush by phone, therefore, I called Mr. Rush in his hospital room. I spoke with him about his discharge and that I also was conferring with him on the plans to have someone come in his home and care for him and to see how he would do. He did not tell me that he objected to this. He spoke about his going home and that his only medication that he could remember the doctor telling him was to put drops in his left eye cavity once a day in the morning. Therefore, he did not need a professional nurse to come in. During our phone conversation, Mr. Rush did not display any hostility towards me, and I felt that he had accepted me outside of the NIC hostility that he displayed the day before. I was finally able to speak with Mrs. Rush approximately 9:30 in the morning and she told me that she had talked with their lawyer, John Coffin, the day before after I had visited, because her husband was terribly upset and she did not know what to do. I told her that I appreciated her predicament with her husband being upset and being in the hospital and handling his emotional state from loosing an eye and having a person come in who worked for an organization that he more or less hated. My conversation with Mrs. Rush lasted approximately 1/2 hour and I told her as much as I could about what my job was and what I could do for her and her caring for her husband. I displayed my concern for him, during the first week being home alone. Mrs. Rush told me that she probably would stay home from work, if Mr. Rush did not want someone to come into the home and care for him. I discussed with her my having to be in Carson City and Gardnerville Friday, so I would be away from the phone and that if he did refuse the Home Health Aide, to please call my office and notify them so I could call the service when I returned to cancel if this was to be the plan. When we ended our conversation, Mrs. Rush did not seem upset. She only wished for her husband to regain his health and herself to be free of all the emotional tension that she has felt, especially in the last week from his having surgery.



TO: DON BREIGHNER
INVESTIGATOR: TERRY NELSON, R.N.
SUBJECT: RUSH, RALPH O.

ACCOUNT NO.
CLAIM NO.
DATE: DECEMBER 19, 1974

PAGE 2

This morning I spoke with Homemaker Services in regard to a message that I had received that Mr. Rush had cancelled the Home Health Aide Service. Homemakers informed me that they had called as they always do to the home to notify Mr. and Mrs. Rush of the Home Health Aide's name and approximately when she would arrive on Monday morning and was there any change in the times that she was contracted for and was there any other duties that they would want the aid to perform. Homemakers was informed by Mrs. Rush that their lawyer, Mr. Coffin, was to call and cancel the Home Health Service, and that Mrs. Rush was going to be staying home to take care of her husband in the ensuing week. Homemaker Service told me that they had informed Mrs. Rush of what services they provide and what company they were owned by and that if there was anything that they could do for her to please call her. Homemakers felt that their conversation was informative to Mrs. Rush and that there was no animosity displayed to them. They were concerned with Mr. Rush cancelling someone coming into the home to care for him as I had displayed and hoped that this patient would do well at home.

I will make no attempts to call Mr. or Mrs. Rush at home. I feel that they have overtly informed us that they do not want any possible nursing care that NIC could provide for them. I feel my contacting them may incur more hostility towards NIC interfering in their lives. I do feel that their lawyer, Mr. Coffin, has advised them to refuse nursing care and to my way of thinking this is poor advice. In my professional nursing opinion, Mr. Rush does require someone in the home to begin his rehabilitation, plus to evaluate his being able to care for himself and to be alone, plus Mrs. Rush, as she had told me, does need to work. Therefore, they could begin reorienting both their lives in a more organized and less highly emotional tension atmosphere.

I will call Dr. Sillyei and inform him of Mr. Rush's refusal of the Home Health Aide, about which I had spoken with him on Friday and he concurred with my opinion of having an aide go into the home to help care for Mr. Rush and to evaluate his being home alone.

I will contact you if I have any other contact with Mr. and Mrs. Rush in the future.

TN:rt72

cc: Dr. Petty

D: 12-16-74

T: 12-17-74

JOHN T. COFFIN
ARTHUR T. NICHOLLS

COFFIN AND NICHOLLS
ATTORNEYS AND COUNSELLORS AT LAW
147 EAST LIBERTY STREET
RENO, NEVADA 89501
TELEPHONE 702/322-3495

December 18, 1974

William V. Daggett
Claims Examiner
Nevada Industrial Commission
515 East Musser Street
Carson City, Nevada

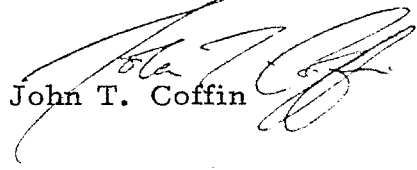
Re: Ralph Rush
Claim No: 74-1492

Dear Bill:

As I advised you on the phone, there has been another incident in which members of the N. I. C. have contacted my client directly. This incident involves Ralph Rush who was visited by some nurse who started pumping him about the details of his accident. This is a breach of professional ethics and, if it continues, my only recourse is to sue John Reiser and the other Commissioners for intentional interference in contractual relationship which is a tort under Nevada law, which tort directly concerns this type of activity. This has been a problem for a long period of time and is long overdue for final resolution.

If you have any questions in this regard, please don't hesitate to contact me. I would like to get to the bottom of this right away.

Very truly yours,


John T. Coffin

JTC:ls

cc: Wm. J. Crowell, Esq.
Gordon Rice, Esq.
John Reiser

1340

RECEIVED

DEC 23 1974

NEVADA INDUSTRIAL
COMMISSION

CROWELL, CROWELL & CROWELL

ATTORNEYS AT LAW

Post Office Box 1000

CARSON CITY, NEVADA

89701

SUITE 11
CROWELL BUILDING

MEMBERS

Wm. J. CROWELL

WILLIAM J. CROWELL, JR.

ROBERT L. CROWELL

TELEPHONE
892-1811
AREA CODE 702

December 30, 1974

John T. Coffin, Esq.
Coffin and Nicholls
Attorneys at Law
147 East Liberty Street
Reno, Nevada 89501

Re: Ralph Rush
N.I.C. Claim No. 74-1492

Dear John:

I am in receipt of a copy of your letter of December 18, 1974 to William V. Daggett, Claims Examiner, regarding the contact made by the nurse for the Nevada Industrial Commission with Mr. Rush to determine primarily his extent of injuries, and more particularly, to determine an outline of rehabilitation services which the Commission under law is requested to furnish to any injured workman.

I refer you to N.R.S. 616.222, effective July 1, 1973, granting the Commission the power to provide and require acceptance of rehabilitation services.

I also refer you to N.R.S. 616.220 relating to the powers and duties of the Commission and authorizing it to adopt reasonable and proper rules to govern its procedures, etc.

Pursuant to N.R.S. 616.222 and to implement rehabilitation services the Commission adopted a rule and policy to assign a project team to each injured workman, said team to consist of a Claims Examiner, a Medical Specialist (registered nurse) and a Rehabilitation Counselor. This team is to work in concert and together in implementing the rehabilitation program.

It follows therefore that in order to implement the program the injured workman must be made aware of the service to be rendered to him by the Commission with particular reference to rehabilitation service. This in no way precludes the injured workman from his right to administrative processing of his claim under the rules and regulations of the Commission and any ultimate review of his claim by the Court.

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1341 DEC 31 1974

NEVADA INDUSTRIAL
COMMISSION

- page 2 -

December 30, 1974

TO: JOHN T. COFFIN, ESQ.
RE: N.I.C./RALPH RUSH
N.I.C. Claim No. 74-1492

Therefore, in answer to your letter on this matter (and as personally discussed with you briefly) there was no intention to circumvent you in your professional representation of the injured workman, nor an attempt to create a breach of professional ethics.

I believe that attorneys can join with the Commission in cooperating to the extent that the injured workman derives all of the benefits to which he is entitled under the Nevada Industrial Insurance Act. I further believe that acting and cooperating together we can all try to accomplish what is in the best interest of the injured workman.

If you, as a member of the State Bar, feel that we are not properly approaching the subject, representing the Commission, I certainly would like to have your thoughts as well as those of other members of the Bar on this over-all matter.

Kindest regards.

Sincerely yours,

Wm. J. Crowell

WJC/mh

cc: John R. Reiser, Chairman, N.I.C.
cc: William V. Daggett, Claims Examiner, N.I.C.
cc: Gordon W. Rice, Esq.

1342

Commissioner Evans

ACCOUNT NO.

George Seibel

CLAIM NO. 74-1492

SUBJECT Ralph O. Rush

DATE March 19, 1975

RALPH O. RUSH REPORTED SOMETHING IN BOTH EYES WHILE WORKING ON AUGUST 3, 1973. THE REPORT WAS RECEIVED ON AUGUST 13, 1973 FROM HIM AND HIS EMPLOYER. THE DOCTOR'S REPORT WAS RECEIVED SEPTEMBER 6, 1973 AND THE CLAIM ACCEPTED SEPTEMBER 7, 1973. THE MEDICAL REPORT CONFIRMED A FOREIGN BODY IN THE RIGHT EYE AND CORNEAL LACERATION WITH INTRAOCULAR FOREIGN BODY, LEFT EYE, AND REMOVAL OF SECONDARY CATARACT, LEFT EYE.

THERE WAS A QUESTION OF N.I.C. LIABILITY OF THE CATARACT AND FIRST PAYMENT OF COMPENSATION WAS NOT MADE UNTIL SEPTEMBER 21, 1973 AS CLAIMANT CONTINUED WORKING UNTIL SEPTEMBER 1, 1973.

THE CLAIMANT'S CONDITION DETERIORATED AND EVENTUALLY A RETINAL REPAIR WAS DONE ON MAY 1, 1974 IN ADDITION TO THE CATARACT EXTRACTION OF SEPTEMBER 4, 1973. DR. GILMORE WAS CALLED IN TO TREAT A PSYCHIATRIC CONDITION, AND ON DECEMBER 10, 1974 DR. SELYEI ENUCLEATED THE LEFT EYE.

THE CLAIMANT IS STILL UNDER MEDICAL TREATMENT AND BEING PAID COMPENSATION AT THE RATE OF \$211.26 BI-WEEKLY.

EXPENSE TO DATE IS \$11,757.68 FOR MEDICAL TREATMENT AND \$8,459.40 FOR COMPENSATION, FOR A TOTAL OF \$20,208.08.

JOHN COFFIN IS THE CLAIMANT'S ATTORNEY OF RECORD.

A HEARING FOR EVALUATION OF ANY P.P.D. WILL BE SCHEDULED AS SOON AS THE TREATING DOCTOR INDICATES THE CLAIMANT IS READY.

NEVADA INDUSTRIAL COMMISSION



CLAUDE EVANS
COMMISSIONER REPRESENTING LABOR
JAMES S. LORIGAN
COMMISSIONER REPRESENTING INDUSTRY

ADDRESS ALL CORRESPONDENCE TO
NEVADA INDUSTRIAL COMMISSION

March 20, 1975

REPLY TO
515 E. Musser St.
Carson City, Nv. 89701

Senator Gene Echols, Chairman
Senate Commerce-Labor Committee
State of Nevada
Legislative Building
Carson City, Nv. 89701

Dear Senator:

At the joint hearings of the Senate Commerce-Labor and the Assembly Labor hearings of March 18, 1975, there were a number of claimants that expressed dissatisfaction with their treatment by the Nevada Industrial Commission.

As the Commissioner representing Labor on the Commission I was quite concerned and made it a point to get the names of these individuals and did a complete review of their respective files, to ascertain if the Nevada Statutes had been properly administered.

I have attached a copy of a resume of their files for you and your committee's perusal.

Sincerely yours,

Claude Evans
Commissioner

CE:lk

7
74-1172

ARTHUR M. STORMENT, JR., M.D.
FRANKLIN MEDICAL OFFICE BUILDING
45 CASTRO STREET, SUITE 437
SAN FRANCISCO, CALIFORNIA 94114
(415) 621-7030

May 9, 1974

Louis F. Sellyei, Jr., M.D.
1000 Ryland
Reno, Nevada 89502

Re: Ralph Rush

Dear Dr. Sellyei,

Enclosed is a copy of my consultation on Ralph Rush requested by Dr. Lawrence Lonn during his recent Franklin Hospital admission. Again, he was at risk for acute bronchitis and pulmonary insufficiency due to his smoker's chronic bronchitis. However, during the immediate postoperative period, he did not spike a temperature nor did he develop any symptoms or signs of acute bronchitis. He was last seen on May 5, 1974, and is not to be seen unless requested again by Dr. Lonn to do so.

Yours truly,


Arthur M. Storment, Jr., M.D.

AMS:klh

Encl.

cc: Lawrence Lonn, M.D.

RECEIVED
- JUN 5 1975
NEVADA INDUSTRIAL
COMMISSION

1345

CONSULTATION REPORT

PATIENT: RUSH, Ralph O
CASE: 20199--107-B
PHYS: L. Lonn, M.D.
CONS: A. Storment, M.D.
DATE: 5/1/74

REASON FOR CONSULTATION:

Medical clearance prior to ophthalmic surgery.

PRESENT ILLNESS:

The patient re-enters, having been discharged from the hospital on 1/10/74 for a vitreous hemorrhage in the left eye. Conservative treatment was maintained at that time, and since his discharge his vision has improved somewhat. He is now re-admitted for surgery.

He denies any medical illnesses in the interim between his last hospitalization and this one. He still smokes two packs of cigarettes per day, has some shortness of breath and cough without sputum. He denies chest pain or palpitations.

On his previous admission he had an abnormal electrocardiogram, suggestive of an old anteroseptal myocardial infarction.

PAST HISTORY:

Is unchanged since his previous admission.

REVIEW OF SYSTEMS:

He has a slight postnasal discharge. Has no sore throat, no runny nose or earache.

C-R: As in present illness.
G.I.: His appetite is good. He has gained weight since his last admission. His bowel movements are regular. Has had no indigestion.
G.U.: Unremarkable.

PHYSICAL EXAMINATION:

Height: (6 feet, 1 inch).
WEIGHT: as yet unrecorded.
TEMPERATURE: As yet unrecorded.
PULSE: (80).
BLOOD PRESSURE: (110/70).

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JUN 5 1975

NEVADA INDUSTRIAL
1346

RUSH, Ralph O
Page 2.
20199--107-B

EYES: There is redness of the left eye, which was not further examined.

THROAT: Is slightly red with a postnasal discharge.

NECK: Is supple. The neck veins are flat. No goiter is felt. The carotid pulsations are full, and there are no carotid bruits.

THORAX: Increased PA diameter and reduced excursion.

HEART: Is not enlarged, and the sounds are of good quality. There are no gallops, rubs or murmurs.

LUNGS: Increased expiratory phase. No rales or wheezes.

ABDOMEN: Is soft and nontender and moderately obese. The liver is felt two fingerbreadths below the right costal margin. There is no shift in dullness or fluid wave.

EXTREMITIES: There is a trace of edema in both ankles. The dorsalis pedis pulses are easily palpable.

IMPRESSION: Detached retina, per Dr. Lonn.

Mild emphysema and chronic bronchitis.

Probable mild nasopharyngitis with postnasal discharge.

Probable arteriosclerotic heart disease with an old anteroseptal myocardial infarction on a previous electrocardiogram.

RECOMMENDATIONS: I see no contraindications to the proposed surgery. He should have a chest X ray and EKG prior to surgery, which have been ordered.

Thank you for asking me to see this patient. I will follow him with you during his hospitalization.

ASfmb
cc: L. Lonn, M.D.
A. Storment, M.D.
5/2/74--Transcribed.

A. Storment, M.D.

RECEIVED

JUN 5 1975

NEVADA INDUSTRIAL

1347

44-12192

ARTHUR M. STORMENT, JR., M.D.
FRANKLIN MEDICAL OFFICE BUILDING
45 CASTRO STREET, SUITE 437
SAN FRANCISCO, CALIFORNIA 94114
(415) 621-7030

January 15, 1974

Louis F. Sellyei, Jr., M.D.
1000 Ryland
Reno, Nevada 89502

Dear Dr. Sellyei,

Enclosed is a copy of my consultation requested by Dr. Lawrence Lonn on Ralph O. Rush at the Franklin Hospital on January 7, 1974. As you can see, I found no reason to contraindicate surgical procedure which was projected.

Yours truly,


Arthur M. Storumt, Jr., M.D.

AMS:klh
Enclosure
cc: Lawrence Lonn, M.D.

RECEIVED

JUN 5 1975

NEVADA INDUSTRIAL
COMMISSION

1348

MEDICAL CONSULTATION

Patient: RUSII, Ralph O.
Case: #17904
Room: #108-B
Phys: L. Lonn, M. D.
Cons: A. Storment, M. D. ✓
Date: 1/7/74

RECEIVED

JUN 5 1975

NEVADA INDUSTRIAL
COMMISSION

The consultation was requested by Doctor L. Lonn.

Reason for consultation: Medical clearance prior to surgery on his eye.

Present illness: In August of 1973, the patient was injured at work with a piece of steel in his eye and he has had considerable difficulty with his eye since that time including cataract operation and subsequent diminution of vision following the cataract surgery. He denies any other symptoms for physical complaints with the exception of smoking up to two packs of cigarettes a day and some shortness of breath because of this.

Past history: He had a herniorrhaphy in Venezuela about ten years ago with no difficulty. He denies any serious illnesses. He denies use of alcohol or drugs with the exception of Vallium for his nervousness. The nervousness is secondary to his difficulty with the Nevada Industrial Commission in trying to get his eye cared for.

~~Review of systems:~~ His appetite is good. His bowel movements are normal. There is no indigestion.

CR: He has no cough or chest pain. However, he is moderately dyspneic on exertion.

GU: Unremarkable.

Physical examination:

Height: 6' 1".

Weight: 156 pounds.

Temperature: 99.

Pulse: 106.

Blood pressure: 130/98. He has patches on both eyes.

Neck: Unremarkable. The carotids are equally palpable. There is no goiter and the neck veins are flat.

Chest: Moderately barrel shaped.

Lungs: Clear.

Heart: Not enlarged. The sounds are of good quality. There are no gallops, murmurs or rubs.

Abdomen: Soft and nontender. No organs or masses are felt.

Genitalia & rectum: Not examined.

Extremities: There is no edema, cyanosis or clubbing. There are moderate varices and the dorsalis pedis arteries are palpable bilaterally.

Electrocardiogram reveals poor progression of the R-wave from VI to V3 and is suggestive of an old anteroseptal myocardial infarction. There are

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RUSH, Ralph O.
Page 2

acute changes noted. Urinalysis is unremarkable and the CBC is negative.

- Impressions: 1) Detached retina per Doctor Wong.
2) Smokes too much, mild emphysema.

Electrocardiogram suggests an old anteroseptal myocardial infarction but there are no acute changes and no evidence for angina pectoris or congestive heart failure.

Recommendations: I see no contraindications to proposed surgery in this patient.

A. Storment, M. D.

AS:jad
CC: L. Lonn, M. D.

1/8/74 - Franklin Hospital

RECEIVED
JUN 5 1975
NEVADA INDUSTRIAL
COLLECTION

1350

October 7, 1975
Carson City, Nevada

C L A I M S L E V E L H E A R I N G

CLAIMANT: Ralph O. Rush
CLAIM: 74-1492

CHRONOLOGICAL HISTORY: Your attention is directed to previous Hearing Comments dated 7-8-75 for a history and sequence of therapeutic events in this claim.

In essence, the claim was carried on for further medical attention and rehab services.

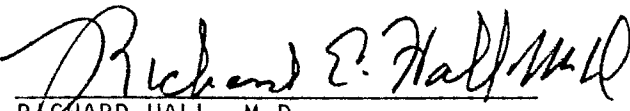
On 7-11-75, Dr. Gilmore reported, "His psychiatric status remains satisfactory... I am certain that he will be able to maintain his psychiatric status satisfactorily unless some unforeseen event occurs." On 7-22-75, Dr. Gilmore reported, "Mr Rush has some ambivalence regarding his ability to work part time as a part of his rehabilitation." On 8-25-75, he reported, "...Mr. Rush is being released by me from active treatment."

On 9-8-75, the claimant was started on Rehab maintenance.

The claimant is now being called in for a discussion and an evaluation of his claim.

COMMENT: Mr. Rush returns for another claims hearing at this time. He has been discharged from care by Dr. Gilmore. Mr. Rush expresses at the hearing today that he is feeling fine, much better than he has before. His outlook is no longer depressed. He is back at work for a portion of each day and in the process of that working experience being increased gradually as much as possible. He has been helped during this process by the Rehabilitation Service to take up the slack in the necessary income arrangements. His eye produces no symptoms. He says that he is not aware that he has an artificial eye. He has no complaints concerning his vision in the other eye.

CONCLUSION: It is my recommendation that this claim be closed at this time. In order to do so and to assess visual impairment, it is necessary that we have a current examination of the remaining functioning eye with the qualities of distant vision, close vision and visual field impairment expressed numerically by an appropriate ophthalmologist. Arrangements are suggested and will be set up for this examination. At the reception of the information the claim may be closed and permanent partial medical impairment calculated.


RICHARD HALL, M.D.
Medical Advisor

RH:rt39

RECEIVED
OCT 15 1975
NEVADA INDUSTRIAL
1351

FILE
FROM Sylvia
SUBJECT RALPH O. RUSH

ACCOUNT NO.
CLAIM NO. 74-1492
DATE 12-5, 1975

EXPENDITURES AS OF 12-5-75

MEDICAL - 13,850.76

COMP. - 11,121.33

REHAB. - 4,518.80

1ST INS. - 1,051.28
AWARD

TOTAL * 30,542.17

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AFFIDAVIT OF DONALD L. BREIGHNER

STATE OF NEVADA)
 : ss.
CARSON CITY)

DONALD L. BREIGHNER, being first duly sworn, deposes and says:

1. That affiant worked for the Nevada Industrial Commission as a Senior Claims Examiner commencing on August 8, 1973 and left the Nevada Industrial Commission on February 7, 1975.

2. That affiant was the claims examiner that handled the claim of Ralph O. Rush, Claim No. 74-1492 from approximately the latter part of November 1973 to February 7, 1975, the date affiant left the services of the Nevada Industrial Commission.

3. That affiant does not have any independent recollection of talking with Ralph Rush or Dr. Sellyei over the telephone during the months of November or December of 1973; that affiant has reviewed the claims file of Ralph O. Rush and that there is nothing in the file to indicate that affiant talked to either Ralph O. Rush or Dr. Sellyei during November and/or December 1973.

4. That affiant has never told any claimant in the course of handling any industrial claims to "go to hell" and that affiant specifically remembers that he at no time ever told Ralph O. Rush that Mr. Rush could "go to San Francisco, go to hell, or go to any other place and that the Nevada Industrial Commission would not accept liability therefor."

DATED: March 28, 1977.


DONALD L. BREIGHNER

SUBSCRIBED and SWORN to before me
this 28th day of March, 1977.


NOTARY PUBLIC



THOMAS R. C. WILSON
SENATOR
ASSISTANT MAJORITY LEADER
241 RIDGE STREET
RENO, NEVADA 89301
TELEPHONE
OFFICE (702) 322-0635
HOME (702) 329-5816



COMMITTEES
CHAIRMAN
COMMERCE AND LABOR
MEMBER
FINANCE
LEGISLATIVE FUNCTIONS

Nevada Legislature

SENATE

FIFTY-NINTH SESSION

April 6, 1977

Senator Floyd Lamb, Chairman
Senate Finance Committee
Nevada Legislature
Carson City, Nevada

Reference: Senate Bill 348 - Providing for establishment
of branch office of real estate division of
Department of Commerce under direction of
deputy real estate commissioner (BDR 54-1177)

Dear Senator Lamb:

Please be advised that on March 25, 1977, the above referenced bill was heard in the Senate Commerce and Labor Committee. Immediately following that hearing, an administrative meeting was held, and this bill was killed. However, it was the expressed desire of the Committee to contact you, recommending that your group fund an unclassified employee to administer the southern office of the real estate division. This recommendation comes to you by a unanimous vote of this Committee and we will appreciate your consideration of this request.

Sincerely,

Senator Thomas R. C. Wilson
Chairman, Senate Commerce & Labor
Committee

TW/llp