

American Arbitration Association
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

Dr Xu's Comprehensive Medical PLLC
(Applicant)

- and -

Allstate Property and Casualty Insurance
Company
(Respondent)

AAA Case No. 17-17-1061-6038

Applicant's File No. 786579

Insurer's Claim File No. 0387286537
2MG

NAIC No. 17230

ARBITRATION AWARD

I, Paul Israelson, the undersigned arbitrator, designated by the American Arbitration Association pursuant to the Rules for New York State No-Fault Arbitration, adopted pursuant to regulations promulgated by the Superintendent of Insurance, having been duly sworn, and having heard the proofs and allegations of the parties make the following **AWARD**:

Injured Person(s) hereinafter referred to as: injured person.

1. Hearing(s) held on 04/16/2018
Declared closed by the arbitrator on 04/16/2018

Hyman Ashkenazy Esq. from Slotnick & Ashkenazy, LLP participated in person for the Applicant

Marcia Brin Esq. from Allstate Property and Casualty Insurance Company participated in person for the Respondent

2. The amount claimed in the Arbitration Request, **\$ 2,034.63**, was NOT AMENDED at the oral hearing.
Stipulations WERE NOT made by the parties regarding the issues to be determined.

3. Summary of Issues in Dispute

Was the subject physical therapy medically necessary?

Was the subject EMG NCV testing medically necessary?

4. Findings, Conclusions, and Basis Therefor

On April 16, 2018, the hearing for the within arbitration matter was conducted and closed.

At the hearing, the applicant did not raise any argument as to the timeliness of the respondent's denial of the applicant's claim.

At the hearing, the respondent did not articulate any argument as to the propriety or accuracy of the applicant's calculation of its requested fee.

The date of the subject automobile accident was October 9, 2015.

The applicant made a claim in the amount of \$2,034.63, breaking down as follows:

\$1,333.26 for the January 6, 2016 EMG NCV test of the injured person's upper extremities; and

\$701.37 for the physical therapy and office examination provided to the injured person during the period of February 26, 2016 to April 23, 2016.

The respondent denied the applicant's claim in the amount of \$1,333.26 for the January 6, 2016 EMG NCV testing of the injured person's upper extremities on the basis that this same testing was not medically necessary.

The respondent denied the applicant's claim in the amount of \$701.37 for the physical therapy and office examination provided to the injured person during the period of February 26, 2016 to April 23, 2016 on the basis that this same physical therapy and office examination were not medically necessary.

MEDICAL NECESSITY OF EMG NCV TESTING:

As stated above, the respondent denied the applicant's claim in the amount of \$1,333.26 for the January 6, 2016 EMG NCV testing of the injured person's upper extremities on the basis that this same test was not medically necessary.

As to the medical necessity for the subject EMG NCV test of the injured person's upper extremities, "Any objection to a lack of medical necessity must be stated in a claim denial form, and must be "supported by competent evidence such as an independent

medical examination, a peer review or other proof which sets forth a factual basis and a medical rationale for denying the claim" (Healing Hands Chiropractic, PC v. Nationwide Assur. Co., 5 Misc.3d 975, 976, 787 N.Y.S.2d 645 [Civ. Ct. N.Y. Co.2004, Kern, J.], also involving a claim for CPT compensation; see also, decisions following trial, Nir v. Allstate Ins. Co., 7 Misc.3d 544, 796 N.Y.S.2d 857 [Civ. Ct. Kings Co.2005, Matos, J.], and CityWide Social Work & Psy. Serv. P.L.L.C. v. Travelers Indemnity Co., 3 Misc.3d 608, 777 N.Y.S.2d 241 [Civ. Ct. Kings Co.2004, Battaglia, J.]). At all stages, the insurer bears the burden of proof on a medical necessity defense (see Healing Hands Chiropractic, PC v. Nationwide Assur. Co., supra; see also Lumbermens Mut. Cas Co. v. Inwood Hill Medical, P.C., 8 Misc.3d 10014(A), 2005 WL 1662041 *5, 2005 N.Y. Slip Op. 51101[U] [Sup.Ct. N.Y. Co.2005, Ramos, J.

The respondent provided the January 26, 2016 peer review report by Dr. Ayman Hadhoud M.D. in support of the respondent's argument that the subject EMG NCV testing of the injured person's upper extremities was not medically necessary. Dr. Hadhoud reviewed the records concerning the injured person's relevant medical history and condition, and noted:

"The claimant was a 56-year-old female who was involved in a motor vehicle accident on 10/9/15. I have reviewed the follow up evaluation report dated 12/23/15, from Dr. Xu, in which the following was documented:

"Patient profile:

The patient was involved in a motor vehicle accident on the aforementioned date. Since then, the patient has had complaints of headaches and dizziness. In addition, the patient has had complaints of neck pain with both upper extremity radiating pain and paresthesia, and low back pain with both lower extremity radiating pain and paresthesia. Furthermore, the patient also complains of pain in both hands and both (R>L) knees. Therefore, her normal daily activities are significantly hindered.

Progress (Response to the Treatment):

The patient's neck pain is still the same, and worse with rotation. Her lower back pain is also the same, on and off, and worse with bending. The right knee joint pain is slightly better, but worse with ambulation. Overall, the patient's pain course has been mildly improved with current physical therapy and acupuncture program. However, the patient still has significant pain in the neck, lower back, and right knee joint.

ROM: - Neck: F. 50°(60°), E. 35°(60°), Lat. F. 20°(30°), Rot. 55° (80°)

- Trunk (L-S): F. 65°(90°), E. 15°(30°), Lat. F.15°(30°). ** (): normal range of motion values

- SLR test was positive at 45° in the right lower extremity and at 45° in the left lower extremity

Sensory: Paresthesia in the C5-C6-C7 dermatomes.

The plan included electrodiagnostic studies of the upper and lower extremities."

Dr. Hadhoud argued that EMG NCV testing is not warranted within the first 4 to 6 weeks of conservative treatment, and only if a patient continues to exhibit subjective or objective findings consistent with a neurological lesion should EMG NCV testing be considered, where he stated, "The standard of care for EDS of musculoskeletal system including low back pain after a motor vehicle accident, in the absence of red flags, would consist of evaluation by a physician, prescribing activity modifications if necessary, encouraging return to activity as much as possible, prescription of medications such as anti-inflammatory medications, and conservative physiotherapy for a period of 4-6 weeks, followed by another modified course of therapy and exercises program if the patient is not responding to the initial course of treatment. If the patient continues to exhibit subjective and objective findings that are consistent with a neurological lesion after the patient receives at least six week period of conservative management including physical therapy and exercises program, further imaging testing should be considered to explore the underlying cause of the patient's neurological presentation. Based on the finding of imaging studies, the need for further interventional procedure such as neurosurgery or epidural steroid injection would be determined."

Further, Dr. Hadhoud argued that EMG NCV testing is warranted where the patient presents with symptoms suggesting a differential neurological diagnosis to be resolved by such testing, however, the injured person did not present with symptoms consistent with a differential neurological diagnosis, where he stated, "The electrodiagnostic testing may be useful in cases where clinical findings are unclear; there is a discrepancy in imaging, or to identify other etiologies. According to New York State Workers' Compensation Board New York Mid and Low Back Injury Medical Treatment Guidelines 2010, section C.2.a.i: 18). "EDS is recommended where there is failure of suspected radicular pain to resolve or plateau after waiting 4 to 6 weeks (to provide for sufficient time to develop EMG abnormalities as well as time for conservative treatment to resolve the problems), equivocal imaging findings, e.g. on CT or MRI studies, and suspicion by history and physical examination that a neurologic condition other than radiculopathy may be present instead of or in addition to radiculopathy." In this case, in the report of 12/23/15, the examining physician, Dr. Xu documented positive findings on the neurological examination that is consistent with lumbar radiculopathy and determined its level without the need to perform an electrodiagnostic study. Therefore, there was no reason to perform an invasive study to establish a diagnosis that was already confirmed by the positive clinical findings, especially, if there was no

presentation of a differential diagnosis that warrants performing such invasive testing. In patients with classic localizable symptoms of radiculopathy, focal neurologic deficits, and appropriately positioned structural abnormalities on neuro-imaging studies, clinical decisions can be made without the confirmatory findings provided by the EMG examination. Also, according to (New York State Workers' Compensation Board, Neck Injury Medical Treatment Guidelines, First Edition, June 30, 2010, page 18, C.2.a) "If significant radiating arm symptoms are present for greater than 4-6 weeks after the onset of injury and no obvious level of nerve root dysfunction is evident on examination, electrodiagnostic studies may be indicated." And according to (ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic 6/29/12, page 4.) "EMG's are not necessary if radiculopathy is already clinically obvious." In this claimant's case, Dr. Xu clinically diagnosed radiculopathy and determined its level without the need to perform these

electrodiagnostic studies.

Most importantly, there was no presentation of a plausible differential diagnosis that warrants performing an invasive electrodiagnostic testing. According to AANEM position statement published in (Muscle Nerve 33: 436-439, 2006) "The AANEM's Recommended Policy for Electrodiagnostic Medicine outlines the necessary steps for an appropriate electrodiagnostic consultation as follows: Development of a differential diagnosis by the electrodiagnostic physician, based upon an appropriate history and physical examination performed by this physician." which was not the case here."

Dr. Hadhoud argued that symptoms of radiculopathy are insufficient to warrant EMG NCV testing; that the injured person's injuries resulted from a motor vehicle accident, and therefore, peripheral neuropathic diagnosis would not be a plausible or applicable diagnosis; and that the treating physician did not perform any peripheral nerve provocative tests to determine whether or not there is a concern of peripheral neuropathy, and therefore, there is no basis to be concerned about a differential neurological diagnosis to be resolved by EMG NCV testing, where he stated, "Even symptoms of radiculopathy are not enough reason to perform these studies. According to (ODG -TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines; Neck and Upper back, Acute & Chronic, 1/30/12, page 20.): "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment". In this case, the claimant symptoms are results of a MVA. Therefore peripheral neuropath diagnosis is not plausible or applicable in this case. Also, I don't see that Dr. Xu had performed any peripheral nerve provocative test such as Tinel or Phalen test, which show that there was no actual concern about peripheral neuropathy in the first place. According to (ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines; Neck and Upper Back (Acute & Chronic) Back to ODG-TWC Index - updated 01/30/12 - page 3.) "An EMG is not necessary for the diagnosis of intervertebral disk disease with

radiculopathy; rather, its value lies in differentiating other types of neuritis, neuropathy, or muscle abnormalities from radicular neuropathy and for cases where the etiology of the pain is not clear." Therefore, there was no actual presentation of a differential diagnosis that warrants performing an invasive electrodiagnostic testing. Therefore, I find that the EMG/NCV study was not medically necessary for the reasons explained above."

As well, Dr. Hadhoud argued that the F-wave component of the subject EMG NCV testing was not medically necessary, where he stated, "Another reason that confirms that this test was medically unnecessary is the fact that the physician had included F-waves in the NCV/EMG studies. The role of F-waves in the diagnosis of radiculopathies is very limited, as the remaining normal segment of the nerve tends to dilute a conduction delay across the much shorter affected segment. "The theoretic advantage that F waves evaluate the proximal segment of the motor nerve is offset by the fact that focal slowing within a short segment is diluted by normal conduction along the rest of the motor nerve pathway. The F-wave latencies are limited in that they assess only the fastest conducting fibers. Thus, a lesion that produces focal slowing has to affect all fibers equally to increase the minimal F latency, whereas most cases of radiculopathy cause partial axon loss and only rarely focal demyelination. Consequently, Aminoff [33] concludes that F waves often are normal in patients who have suspected radiculopathy, and 'even when they are abnormal, their findings are inconsequential because the (needle electrode examination) findings are also abnormal and help to establish the diagnosis more definitively" (Tsao, Bryan, MD. "The Electrodiagnosis of Cervical and Lumbosacral Radiculopathy." *Neurologic Clinics*, 2007. p. 478.)"

And finally, Dr. Hadhoud argued that the injured person's medical records did not indicate that any treatment decision was dependent upon the results of the subject EMG NCV testing, where he stated, "Additionally, I do not see any special recommendations that are practically dependent on the results of the electrodiagnostic studies. A decision to perform spinal surgery or invasive pain management procedure such as epidural steroid injections is dependent on patient's clinical presentation and the MRI imaging findings. According to the (Referral Guidelines for Electrodiagnostic Medicine Consultations, Approved by the American Association of Neuromuscular & Electrodiagnostic Medicine, August 1996), the guidelines clearly stated "electrodiagnostic studies should not be performed if the information will not potentially enhance the patient's care". This was not evident upon reviewing this claimant's documentation and therefore the medical necessity of these studies was not appreciated."

As such, pursuant to the above-cited authorities, Dr. Hadhoud's January 26, 2016 peer review report sustained the respondent's burden of demonstrating that the subject January 6, 2016 EMG NCV testing of the injured person's upper extremities was not medically necessary.

The applicant provided the March 18, 2017 peer review rebuttal by Dr. Ming Xu M.D. in support of the applicant's claim for the January 6, 2016 EMG NCV test of the injured person's upper extremities. Dr. Xu reviewed the injured person's relevant medical history and condition, and noted:

"[The injured person] was involved in a motor vehicle accident on 10/09/2015. Since then, the patient has had complaints of headaches and dizziness. In addition, the patient has had complaints of neck pain with both upper extremity radiating pain and paresthesia, and low back pain with both lower extremity radiating pain and paresthesia. Furthermore, the patient also complains of pain in both hands and both (R>L) knees. A comprehensive examination and imaging were preformed, which revealed:

- MRI of the cervical spines on 11/29/2015 revealed bulging discs at C3-4, C4-5 and C7-T1, and HNP at C5-6 and C6-7.

- MRI of the lumbosacral spines on 12/13/2015 revealed bulging discs at L2-3 through LS-S1."

Dr. Xu argued that EMG NCV testing is a valuable test to assess the neurological function of the peripheral nervous system on the level of nerve root and peripheral nerves, particularly for patients with herniated discs and related disorders because the testing leads to early detection of traumatic injuries, where he stated, "Electrodiagnosis is one of the most valuable techniques in evaluating patients with neuromuscular-skeletal problems or complaints. These tests assess the neurological function of the peripheral nervous system on the level of nerve roots and peripheral nerves, especially in patients with herniated discs disorders and related conditions.

Neurodiagnostic studies are important because they can lead to early detection of traumatic injuries of the peripheral nervous system and can help to plan individual treatment programs for each particular patient."

Dr. Xu specified that EMG testing evaluates muscle integrity and NCV testing determines whether a nerve impulse is conducted within normal speed, where he stated, "The two main procedures used to study neuromuscular function are electromyography (EMG) and nerve conduction study (NCV).

EMG: During an EMG the physician evaluates muscle integrity by inserting fine narrow-gauge sterile disposable needle electrodes into appropriately selected muscles. The physician can determine whether the muscle is working normally by seeing the electrical activity on a screen and/or listening over a loudspeaker.

NCV: To perform a nerve conduction study, the physician attaches small metal electrodes over the appropriately selected muscles and applies brief electric stimulus to one portion of the nerve. The physician can then analyze the electrical response of the muscle to which this nerve is attached and to determine whether the nerve impulse is conducted within normal speed."

Dr. Xu argued that the injured person did not improve with conservative treatment, and therefore, it was appropriate to either verify or rule out the presence and severity of radiculopathy or peripheral neuropathy, where he stated, "The lack of patient's considerable improvement to conservative treatment, it is my professional opinion to a reasonable degree of medical certainty that additional electrodiagnostic testing (EMG & NCV) is indicated to properly diagnose the patient's conditions, to objectively verify or rule out presence or absence and severity of radiculopathy or peripheral neuropathy in quantitative and qualitative terms. This information is crucial for precise diagnosis of the patient's condition and her further treatment.

Statistical data from exhaustive lists of medical literature, as well as our own long clinical experience indicate that nerve root and peripheral nerve involvement are among the most common complications of cervical and lumbosacral traumatic injuries and herniated discs disorders.

To detect and properly document these problems, electrodiagnostic tests (EMG and NCS) were performed.

- EMG of the upper extremity on 01/06/2016 demonstrated bilateral C7 radiculopathy and carpal tunnel syndrome."

And finally, Dr. Xu argued that the subject EMG NCV testing of the injured person's upper extremities modified the injured person's treatment by adding mechanical traction to the cervical and lumbosacral spines and by referring the injured person for a consult concerning the possibility of epidural steroid injection procedures, where he stated, "On the basis of the results derived from these tests, we modified the patient's rehabilitation program to be more specifically tailored to the patient's conditions to provide the maximal effective treatment. (Mechanical traction to the cervical and lumbosacral spines and spinal surgery consult for the possibility of epidural injections or decompression discectomy/laminectomy if the patient's symptom gets worse.)

Traumatization of the nerves and nerve roots secondary to trauma lead to functional limitation of corresponding muscle groups and often lead to significantly disabling conditions."

Dr. Xu did not correlate the injured person's relevant medical history and condition so as to persuasively demonstrate that the injured person presented with a neurologic condition warranting the subject EMG NCV testing, and therefore, did not rebut Dr. Hadhoud's conclusion that the injured person's clinical evidence did not suggest a differential neurological diagnosis or any neurologic condition warranting EMG NCV testing. As such, Dr. Xu did not rebut the conclusions drawn by Dr. Chiu as expressed in his peer review report.

Therefore, the applicant's claim in the amount of \$1,333.26 for the January 6, 2016 EMG NCV test of the injured person's upper extremities is denied, *cf.* *Bronze Acupuncture, P.C. v. Mercury Ins. Co.* 24 Misc.3d 126(A), 889 N.Y.S.2d 881 (App. Term 2d, 11th & 13th Dists. June 12, 2009; "[T]he insurer bears the burden of persuasion on the question of medical necessity. Specifically, once the insurer makes a sufficient showing to carry its burden of coming forward with evidence of lack of medical necessity, 'plaintiff must rebut it or succumb.'" *Bedford Park Medical Practice P.C. v. American Transit Ins. Co.*, 8 Misc.3d 1025(A), 806 N.Y.S.2d 443 (Table), 2005 N.Y. Slip Op. 51282(U) at 3, 2005 WL 1936346 (Civ. Ct. Kings Co., Jack M. Battaglia, J., Aug. 12, 2005; where an IME report provides a factual basis and medical rationale for an opinion that services were not medically necessary, and the provider fails to present any evidence to refute that showing, the claim should be denied, *AJS Chiropractic, P.C. v. Mercury Ins. Co.*, 22 Misc.3d 133(A), 880 N.Y.S.2d 8 (App. Term 2d & 11th Dist. Feb. 9, 2009).

MEDICAL NECESSITY OF PHYSICAL THERAPY FOR THE PERIOD OF FEBRUARY 26, 2016 TO APRIL 23, 2016:

As stated above, the respondent denied the applicant's claim in the amount of \$701.37 for the physical therapy and office visit provided to the injured person during the period of February 26, 2016 to April 23, 2016 on the basis that the subject physical therapy and office visit were not medically necessary.

The respondent provided the February 4, 2016 independent orthopedic examination report by Dr. Jacqueline Emanuel M.D. and the January 18, 2016 independent acupuncture evaluation by Dr. Antoinette Perrie DC each in support of the respondent's argument that the subject physical therapy and office visit were not medically necessary.

Dr. Emanuel examined the injured person's cervical spine, lumbosacral spine, and both knees, and concluded that all injury resulting from the subject automobile accident had resolved and that the injured person was no longer in need of any further orthopedic treatment, including physical therapy. Dr. Emanuel noted that the injured person, a 57-year-old female, was employed as a home care attendant at the time of the subject automobile accident and was working in that capacity at the time of his independent orthopedic examination. Additionally, Dr. Emanuel noted that, at his independent orthopedic examination, the injured person complained of pain in her neck, lower back, and both knees, however, Dr. Emanuel also noted that the injured person ambulated with a normal toe/heel walk and there were no spasms, tenderness or restriction in range of motion in the areas examined by Dr. Emanuel. As such, Dr. Emanuel's February 4, 2016 independent orthopedic examination report sustained the respondent's burden of demonstrating that the subject physical therapy and office visit were not medically necessary.

Dr. Perrie examined the injured person's cervical spine, thoracic spine, lumbar spine, upper extremities, lower extremities, both wrists and hands and both knees, and conducted the customary acupuncture examination. Dr. Perrie concluded that all injury resulting from the subject automobile accident had resolved (except for a complaint of tenderness at the L-5 midline) and that the injured person was no longer in need of any further acupuncture treatment. Dr. Perrie noted that the injured person, a 57-year-old female, was a full-time home health aide at the time of the subject automobile accident and was working full time at her full capacity, at the time of his independent acupuncture examination. Additionally, Dr. Perrie noted that, at his independent acupuncture examination, the injured person complained of pain in her neck, lower back, both knees and both wrists, however, Dr. Perrie also noted that the injured person had good posture and a normal heel to toe gait, had no difficulty arising from a seated position, turning from supine to prone position on the examination table or transferring from prone to standing position, and there were no spasms, tenderness or restriction in range of motion in the areas examined by Dr. Perrie. As such, Dr. Perrie's January 18, 2016 independent acupuncture examination report assisted in sustaining the respondent's burden of demonstrating that the subject physical therapy was not medically necessary.

The record contains the following objective test results:

1. The November 29, 2015 MRI of the injured person's cervical spine indicating a disc herniation at the C5-6 level flattening the spinal cord and a disc herniation at the C6-7 level.
2. The December 13, 2015 MRI of the injured person's lumbar spine indicating no serious injury.

3. The applicant's January 6, 2016 EMG NCV test of the injured person's upper extremities indicating C7 radiculopathy.

The applicant supplied its January 22, 2016 March 11, 2016 and May 6, 2016 physical examination reports in support of the applicant's claim for the subject physical therapy and office examination.

Nothing stated in these same physical examination reports or any other documentation supplied by the applicant rebutted the conclusions drawn by Dr. Emmanuel and Dr. Perrie expressed in their respective independent medical examination reports.

Therefore, the applicant's claim in the amount of \$701.37 for the subject physical therapy provided to the injured person during the period of February 26, 2016 to April 23, 2016 is denied, *cf.* *Bronze Acupuncture, P.C. v. Mercury Ins. Co.* 24 Misc.3d 126(A), 889 N.Y.S.2d 881 (App. Term 2d, 11th & 13th Dists. June 12, 2009; "[T]he insurer bears the burden of persuasion on the question of medical necessity. Specifically, once the insurer makes a sufficient showing to carry its burden of coming forward with evidence of lack of medical necessity, 'plaintiff must rebut it or succumb.'" *Bedford Park Medical Practice P.C. v. American Transit Ins. Co.*, 8 Misc.3d 1025(A), 806 N.Y.S.2d 443 (Table), 2005 N.Y. Slip Op. 51282(U) at 3, 2005 WL 1936346 (Civ. Ct. Kings Co., Jack M. Battaglia, J., Aug. 12, 2005; where an IME report provides a factual basis and medical rationale for an opinion that services were not medically necessary, and the provider fails to present any evidence to refute that showing, the claim should be denied, *AJS Chiropractic, P.C. v. Mercury Ins. Co.*, 22 Misc.3d 133(A), 880 N.Y.S.2d 8 (App. Term 2d & 11th Dist. Feb. 9, 2009).

I have reviewed and considered all other arguments, contentions and evidence from both the applicant and the respondent, and find them to be without merit.

In accordance with the foregoing, the applicant's claim is denied in its entirety.

5. Optional imposition of administrative costs on Applicant.
Applicable for arbitration requests filed on and after March 1, 2002.

I do NOT impose the administrative costs of arbitration to the applicant, in the amount established for the current calendar year by the Designated Organization.

6. **I find as follows with regard to the policy issues before me:**
☐ The policy was not in force on the date of the accident
☐ The applicant was excluded under policy conditions or exclusions

- ☐ The applicant violated policy conditions, resulting in exclusion from coverage
- ☐ The applicant was not an "eligible injured person"
- ☐ The conditions for MVAIC eligibility were not met
- ☐ The injured person was not a "qualified person" (under the MVAIC)
- ☐ The applicant's injuries didn't arise out of the "use or operation" of a motor vehicle
- ☐ The respondent is not subject to the jurisdiction of the New York No-Fault arbitration forum

Accordingly, the claim is DENIED in its entirety

This award is in full settlement of all no-fault benefit claims submitted to this arbitrator.

State of New York

SS :

County of Nassau

I, Paul Israelson, do hereby affirm upon my oath as arbitrator that I am the individual described in and who executed this instrument, which is my award.

04/21/2018

(Dated)

Paul Israelson

IMPORTANT NOTICE

This award is payable within 30 calendar days of the date of transmittal of award to parties.

This award is final and binding unless modified or vacated by a master arbitrator. Insurance Department Regulation No. 68 (11 NYCRR 65-4.10) contains time limits and grounds upon which this award may be appealed to a master arbitrator. An appeal to a master arbitrator must be made within 21 days after the mailing of this award. All insurers have copies of the regulation. Applicants may obtain a copy from the Insurance Department.

ELECTRONIC SIGNATURE

Document Name: Final Award Form
Unique Modria Document ID:
3422af0602704a75b318868a0ed28f04

Electronically Signed

Your name: Paul Israelson
Signed on: 04/21/2018