

American Arbitration Association  
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

McCulloch Orthopaedic Surgical Services,  
PLLC DBA NYSJ Orthopaedic Specialists  
(Applicant)

- and -

MVAIC  
(Respondent)

AAA Case No.	17-19-1141-8174
Applicant's File No.	SS-121437
Insurer's Claim File No.	605245
NAIC No.	Self-Insured

**ARBITRATION AWARD**

I, Kevin R. Glynn, 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: Assignor

1. Hearing(s) held on 01/14/2021  
Declared closed by the arbitrator on 03/06/2021

Gregory Itingen, Esq. from Samandarov & Associates, P.C. participated in person for the Applicant

Jeffrey Kadushin, Esq. from Marshall & Marshall, Esqs. participated in person for the Respondent

2. The amount claimed in the Arbitration Request, **\$ 6,277.82**, was AMENDED and permitted by the arbitrator at the oral hearing.

Pursuant to Applicant's post-hearing submission the amount at issue was amended to \$4,253.26 which includes a total of \$3,842.15 for the surgeon claim and \$411.11 for the P.A. claim.

Stipulations WERE made by the parties regarding the issues to be determined.

Respondent stipulated that Applicant established a prima facie case and Applicant stipulated that Respondent issued a timely denial. The parties stipulated to the qualifications and expertise of Dr. Bazos.

### 3. Summary of Issues in Dispute

The Assignor, SA, is a 24yo female pedestrian who was injured when struck by a motor vehicle on 3/4/19. SA suffered injuries which resulted in her seeking treatment. In dispute are the Applicant's Surgical and Assistant Surgical claims for left knee arthroscopic surgery (29881 LT, 29876 59 LT, 29999 LT; 29881 83 LT, 29876 59 83 LT, 29999 83 LT) performed on 7/2/19, in the total amended amounts of \$3,842.15 and \$411.11. The claims were denied based on the peer review report by Dr. Andrew N. Bazos, M.D., dated 8/20/19. Therefore, the medical necessity of the claim is at issue, and if necessary, the proper amount of reimbursement.

### 4. Findings, Conclusions, and Basis Therefor

This case was decided based upon the submissions of the Parties as contained in the electronic file maintained by the American Arbitration Association, and the oral arguments of the parties' representatives. There were no witnesses. I reviewed the documents contained in MODRIA for both parties and make my decision in reliance thereon. Only the arguments presented at the hearing are preserved in this decision; all other arguments not presented at the hearing are considered waived. Post-hearing briefs were requested of the parties in support of their opinions regarding the proper amount of reimbursement pursuant to the appropriate fee schedules. The parties submitted their post-hearing briefs and the hearing was closed on 3/6/21.

I find that Applicant established a prima facie case of entitlement to reimbursement for its claims. *Mary Immaculate Hospital v. Allstate Insurance Company*, 5 A.D.3d 742, 774 N.Y.S.2d 564 (2nd Dept. 2004). I also find that Respondent timely denied the claims.

To support a lack of medical necessity defense Respondent must "set forth a factual basis and medical rationale for the peer reviewer's determination that there was a lack of medical necessity for the services rendered." See *Provvedere, Inc. v. Republic Western Ins. Co.*, 2014 NY Slip Op 50219(U) (App. Term 2, 11 and 13 Jud. Dists. 2014). Respondent bears the burden of production in support of its lack of medical necessity defense, which if established shifts the burden of persuasion to Applicant. See generally, *Bronx Expert Radiology, P.C. v. Travelers Ins. Co.* 2006 NY Slip Op 52116 (App Term 1<sup>st</sup> Dept. 2006). The Appellate Courts have not clearly defined what satisfies this standard except to the extent that "bald assertions" are insufficient. *Amherst Medical Supply, LLC v. A Central Ins. Co.*, 2013 NY Slip Op 51800(U) (App. Term 1<sup>st</sup> Dept. 2013). To meet the burden of persuasion regarding medical necessity - in the absence of factually contradictory records - the applicant must submit a rebuttal which meaningfully refers to and rebuts the assertions set forth in the peer review report. See generally, *Pan Chiropractic, P.C. v Mercury Ins. Co.*, 24 Misc 3d 136[A], 2009 NY Slip Op 51495[U] [App Term, 2d, 11th & 13th Jud Dists 2009].

**DOS: 7/2/19 (Left Knee)**

Respondent's evidence established that the bill was timely denied pursuant to the peer review report by Dr. Andrew N. Bazos, M.D., dated 8/20/19, further supported by the testimony by Dr. Bazos at the hearing. In his peer review report Dr. Bazos presented a clinical history of the Assignor, stating:

... The medical record begins with the claimant being seen at the Emergency Department of New York Presbyterian Hospital on 03/04/2019. It was noted that the claimant was a pedestrian struck by a vehicle. The claimant was seen with initial complaints of left hip, left knee, and left leg as well as ankle pain. The claimant denied any loss of consciousness. The claimant underwent a thorough physical examination including diagnostic imaging. Physical examination of the right lower extremity noted functional range of motion. Strength was 5/5. Sensation was intact. No deformity or bony tenderness was present. Mild tenderness was stated to be present about the lower leg. Left lower extremity examination noted functional range of motion with 5/5 strength. Sensation was intact. Swelling and tenderness were noted over the lateral malleolus as well as the proximal tibia. The knee was stated to be stable x4. Diagnostic imaging failed to reveal any acute fracture and/or dislocation. The claimant was ultimately discharged from care. According to the report submitted by Dr. Mark Bursztyn of New York Sports and Joints, the claimant was stated to be a 34-year-old female who was a pedestrian struck by a vehicle on 03/04/2019. The claimant was stated to sustain injuries to her left knee and left ankle as a result of the accident. The claimant denied any prior history of left knee and/or ankle complaints. The claimant had attempted physical therapy with regard to her knee complaints. The claimant had not undergone any injections. She complained of locking of the left knee with pain localized about the medial joint line and anterior prepatellar region. Left knee examination noted anterior prepatellar tenderness. Range of motion was 0-145 degrees. No calf tenderness was noted. Extensor mechanism was intact. There was no evidence of ligamentous instability upon anterior drawer, posterior drawer, Lachman, varus or valgus stressing. Multiple x-rays were reviewed and documented. Diagnostic impression was one of left knee internal derangement with patellofemoral pain syndrome. Treatment recommendations included referral for an MRI study to the knee to rule out medial meniscal tear, ongoing physical therapy, and follow-up. The claimant was again

seen by Dr. Bursztyn on 06/04/2019 with regard to her left knee complaints. MRI studies were reviewed. Assessment was one of left knee medial meniscal tear and patellofemoral pain syndrome. Treatment recommendations included left knee arthroscopy due to failure to respond to conservative treatment. ...

Dr. Bazos then presented his opinion regarding the medical necessity of the surgery, stating:

After reviewing the submitted documentation from an orthopedic surgical standpoint, the medical necessity for the left knee arthroscopy as a result of any alleged injuries sustained in the motor vehicle accident has not been established for this individual. My first area of concern is that the intraoperative photos failed to indicate any evidence of acute traumatic injuries within the left knee. The intraoperative photos did not indicate evidence of ligamentous and/or meniscal tears or any other findings that would justify the need for surgical intervention. It appears that the intraoperative photos revealed a normal knee with no traumatic findings. Additionally, there are significant inconsistencies between the MRI findings to those seen to be present on intraoperative evaluation. Based on the MRI evaluation, this claimant was stated to have evidence of a radial tear involving the body of the medial meniscus, yet no such findings were present upon intraoperative evaluation for this individual. It should be noted that the claimant underwent surgical intervention with regards to a lateral meniscal injury, which was not noted to be present upon MRI evaluation. The initial emergency room records were consistent with that of a posttraumatic contusion to the knee, which would be consistent with both the dynamics of the accident and the claimant's examination findings. Such an injury would not warrant nor justify the need for surgical intervention, and since there is no evidence of acute traumatic findings noted upon intraoperative evaluation, there is no need for surgical intervention. At no point in time was there any indication as to why there were such inconsistencies between the physical examination and MRI and those noted upon intraoperative evaluation nor objective evidence that would justify the need for surgical intervention for this individual. Since the medical necessity for the knee arthroscopy has not been established, all associated charges including preoperative evaluation, operative charges, and postoperative care are also not medically necessary, justified, nor recommended

for payment. CONCLUSION: After reviewing all submitted documentation from an orthopedic surgical standpoint, the causal relationship between the motor vehicle accident and the need for left knee arthroscopy has not been established for this individual. All charges directly related to the claimant's left knee arthroscopy have not been established; the charges are not medically necessary, not justified, and not recommended for payment..

Dr. Bazos further explained his opinion at the hearing, testifying that even though the MRI report noted a subtle tear of the medial meniscus the intraoperative photos revealed that there was no such tear. He opines that there needed to be other findings other than the MRI such as discrete tenderness and immediate effusion or swelling of the knee, neither of which was present in this clinical history. He opines that the issues regarding the ligaments would never be treatment with arthroscopic surgery and that therefore there was no necessity for this surgery. On cross-examination Dr. Bazos conceded that he had not reviewed medical records that pre-dated the accident or post-dated the surgery; that he was not a bio-mechanical engineer or forensic mva reconstruction specialist. He describes his role as a peer reviewer to try to insert himself as if he had been the treating physician to determine what treatment would or would not be necessary and to explain that in lay terms.

I find that Respondent has presented a medical rationale and factual basis to support its defense of lack of medical necessity. Accordingly, the burden now shifts to Applicant, who bears the ultimate burden of persuasion. See, Bronx Expert, supra.

Applicant relies upon the rebuttal report by Dr. Mark Bursztyn, M.D., dated 9/5/19. Dr. Bursztyn presents the Assignor's history noting that she had suffered substantial injuries to the knee, amongst other injuries as a result of the accident. He notes that she was a 24-year-old female pedestrian who was struck by a motor vehicle and that she was seen at NY Presbyterian Hospital after the accident. He states that he evaluated the Assignor on May 10, 2019 and that she had presented with pain and locking of the knee. He notes that she had been engaged in physical therapy and that his examination revealed anterior prepatellar tenderness and range of motion from 0 to 145. He states that he ordered an MRI and recommended continued physical therapy. He notes that the MRI had revealed a radial tear involving the body of the medial meniscus, interstitial tear of the mid fibers of the anterior cruciate ligament, proximal interstitial lateral collateral ligament tear, Grade I sprain of the medial collateral ligament with marrow edema, small medial popliteal fossa cyst, and small suprapatellar joint effusion. He states that he re-evaluated the Assignor on June 14, 2019 and that she continued to have knee pain as well as clicking. The examination revealed medial joint line tenderness and tenderness over the medial patellofemoral articulation. He notes that he had reviewed the MRI with the Assignor, showing the medial meniscal tear and that he recommended arthroscopic surgery. He notes that pre-operative diagnosis was internal derangement, and that the postoperative diagnosis was patellofemoral chondromalacia, lateral meniscus tear and multicompartamental synovitis. He refers to his operate report wherein he states that the purpose of each the procedures was detailed.

Dr. Bursztyn then responds to the peer report, stating:

... There is no question that the patient had a meniscal tear considering the MRI and surgical confirmation. The meniscectomy was a particularly warranted and medically indicated procedure because arthroscopic meniscal repairs have very high success rates.

Knee and Leg Soft-Trauma, Eric C. McCarty, MD, Kurt P. Spindler, MD and Reed Bartz, MD American Academy of Orthopaedic Surgeons.

An MRI is the gold standard for finding meniscal pathologies and differentiating knee problems. The MRI "is widely used for assessing meniscal tears. Many studies have documented the high accuracy of knee MRI A meta-analysis based on 22 studies described an overall sensitivity of 88% and specificity of 94% for detecting meniscal lesions". MRI findings are very important in guiding treatment of patients with knee problems and the MRI is the study of choice for finding knee problems.

AJR: 181, September 2003 Patients with Suspected Meniscal Tears: Prevalence of Abnormalities Seen on MRI of 100 Symptomatic and 100 Contralateral Asymptomatic Knees Marco Zanetti Christian W. A. Pfirrmann Marius R. Schmid José Romero Burkhardt Seifert Juerg Hodler, 635. This patient had a positive MRI. Please see the report.

Contrary to the peer, I further correlated the MRI with positive orthopedic testing. The patient presented with joint line tenderness. This evaluation is used to establish the presence of a meniscal tear and is a point palpation exam useful in correlating meniscal tear findings.

Evaluation of acute knee pain in primary care. Jackson JL O'Malle P Kroenke K. Ann Intern Med. 2003 Oct 7;139(7):575-88.

The reviewer takes issue with the fact that the MRI showed a medial meniscal tear but the patient underwent surgical intervention for a lateral meniscus tear. As stated above, an MRI is the gold standard and is widely used. However, it is not 100% accurate. As stated above, orthopedic testing was positive for a meniscal tear - it cannot be determined which part of the meniscus is truly torn until surgery. During the surgical procedure, the inspection of the medial meniscus revealed an intact medial meniscus, as such, a medial meniscectomy was not warranted. Upon inspection of the lateral meniscus, there

was evidence of focal central tearing involving the anterior horn of the lateral meniscus, as such, a lateral meniscectomy was performed. I am unsure as to the reviewers point. A meniscectomy was performed on the torn portion of the meniscus.

Meniscal tears should be surgically treated. If a tear is not treated it may get worse with potentially severe complications due to increased contact pressures and stresses on the remaining meniscal tissue, Surgical repair was medically necessary. Orthopedic knowledge Update, 8 ed. Chapter 37, Knee and Leg Soft-Trauma, Eric C McCarty, MD, Kurt P. Spindler, MD and Reed Bartz, MD American Academy of Orthopaedic Surgeons. Please also refer to: Biomechanical Consequences of a Tear of the Posterior Root of the Medial Meniscus, Robert Allaire MD Muturi M Muriuki PhD Lars Gilbertson MD and Christopher D. Harner MD. There is no global requirement for a particular type or amount of non-surgical treatment. Tears should be repaired because the odds of successful repair decrease as the time after injury increases due to cell death and reduced likelihood of healing. Pathologic Characteristics of the Torn Human Meniscus Mena Mesiha MD David Zurakowski PhD et. al. Department of Orthopaedic Surgery, Children's Hospital Boston Harvard Medical School, Department of Orthopaedic Surgery, Massachusetts General Hospital, Boston Massachusetts.

This patient's pain was also due to chondromalacia (chondral damage) which was a post-operative surgical finding. For chondral damage/ chondromalacia, chondral shaving/chondroplasty is used to decrease the mechanical symptoms by using a motorized shaver to smooth or remove regions of cartilage fibrillation or loose flaps. That was the procedure performed, please see above. Surgical intervention was necessary and medically proper. Orthopedic knowledge Update, 8 ed. Chapter 37, Knee and Leg Soft-Trauma, Eric C McCarty, MD, Kurt P. Spindler, MD and Reed Bartz, MD American Academy of Orthopaedic Surgeons. Synovitis is a painful state of traumatically inflamed synovium. A synovectomy is a procedure that removes the inflamed tissue.

The mechanism of injury was of a type likely to cause these injuries. The patient was a pedestrian that was struck by a motor vehicle. Such a traumatic event can easily cause the tears and other injuries suffered by this patient- and here it did. See also the New York State Workers'

Compensation Board New York Knee Injury Medical Treatment Guidelines Second Edition, January 14, 2013, 25 , Section D.6.b. "Mechanism of Injury" states "Trauma to the menisci from rotational, shearing, torsion, and/or impact injuries". It is plainly evident that an "impact" can cause meniscal injury and is a known mechanism of such injuries.

With respect to the photo review by Dr. Bazos, I am unsure of what quality photos he was provided and a review of photos is no substitute for actual moving-image arthroscopic observation. I personally observed the injuries which I have described in the operative report and surgically treated them as I deemed appropriate and in accordance with medical standards. The patient's knee was not "normal" as the reviewer claims. She had extensive injuries which were clearly traumatic in nature.

Lastly, the reviewer cited to no medical studies. The only basis for the reviewer's assessment is his own personal opinion which is not a generally accepted medical standard, and is insufficient.

Based on the above studies and guidelines, my professional experience, as well as my personal examination of the patient, I determined the surgery was medically necessary to the post-accident care of this patient pursuant to the standards in the medical community...

Respondent submits an addendum report in response to the rebuttal in which Dr. Bazos states:

After reviewing all submitted documentation from an orthopedic surgical standpoint, there remains inadequate clinical evidence to warrant or justify the need for knee arthroscopy for this individual. Dr. Bursztyn submits multiple journal articles with regard to use of MRI in knee arthroscopy in treatment of knee injuries, but fails to clinically correlate the exam MRI, and intraoperative photos the need for surgery. He fails to address the fact that there was absolutely no medical consistency between his exam findings, those findings that were actually noted upon MRI evaluation and what he states was present upon intraoperative evaluation. He contends that knee surgery in the form of arthroscopy was necessary due to presence of a meniscal tear documented on MRI, yet his operative report fails to indicate evidence of such an injury. At no point in time did he indicate evidence of lateral meniscal



injury nor did the MRI indicate lateral meniscal injury, yet intraoperative photos indicated a lateral meniscal injury upon Dr. Bursztyn's impression of the noted during surgical intervention. At no point in time was there any evidence per Dr. Bursztyn's operative report of a medial meniscal injury, which was Dr. Bursztyn's alleged justification for need for surgery for this individual. Once again, the intraoperative photos, as reviewed, failed to indicate any evidence of significant meniscal injury and/or ligamentous tearing. Such findings were consistent with that of lack of evidence for need for surgical intervention for this individual. It should also be noted that the emergency room records failed to indicate any subjective complaints and/or objective findings about the knee other than a posttraumatic contusion. Such a diagnosis would be consistent with that of the intraoperative photos which failed to indicate any form of intraarticular abnormality and therefore no need for surgical intervention has been established. Since Dr. Bursztyn conveniently ignored the overall premise of the rebuttal in that there was absolutely no medical and/or clinical consistency between the claimant's subjective complaints, his evaluation, the MRI findings, those which were actually noted upon intraoperative imaging, once again, there is no medical justification, need and/or indication for knee arthroscopy for this claimant. therefore, as previously noted, any and all charges related to the knee arthroscopy are also not medically necessary, justified, nor warranted for this individual. Furthermore, with regard to postoperative durable medical goods such as a CPM unit and/or cold therapy unit, neither device was medically warranted nor justified. There was absolutely no support within the medical community at large nor within the clinical research community for utilization of either device after routine knee arthroscopy irregardless whether it was medically necessary or not. As noted by Hegmann KT Editor, American College of Occupational and Environmental Medicine (ACOEM), 2011, it was noted that the routine use of a CPM unit after routine knee arthroscopy was not recommended for individuals. Additionally, according to Marder, et al. in Arthroscopy 2005, volume 21, number 2, pages 152-158, it was noted that use of CPM unit post arthroscopy shows no more favorable outcomes when compared to a traditional postop physical therapy program. According to Block JE in Open Access Journal Sports Medicine 2010, volume 7, pages 105-113, it was found that use of cold and/or static compression do not appear to be directly additive to a

traditional postoperative care program. He noted that the majority of the studies regarding cold therapy units were purely subjective in nature, inconsistent and divergent, making it difficult to determine their true validity. CONCLUSION: Therefore, after reviewing all submitted documentation from an orthopedic surgical standpoint, the medical necessity for all charges related to the claimant's knee arthroscopy are not medically necessary, are not justified, and are not recommended for payment.

While Dr. Bazos presents very strong testimony against the necessity of the surgery I find that based upon the evidence presented including the MRI report with its finding of "radial tear involving the body the medical meniscus" and Dr. Bursztyn's examination findings of a meniscal tear, that Dr. Bursztyn has meaningfully rebutted the opinion by Dr. Bazos. Furthermore, the portion of Dr. Bazos' Addendum that addresses the necessity of this specific supply for the first time is not being considered as it was not presented in the underlying peer review report. I find the rebuttal report more persuasive than the peer report, addendum as further clarified by the testimony of Dr. Bazos, and that Applicant has established that, based upon the medical records available at the time the surgery was recommended and performed, there was medical necessity to perform this surgery. Accordingly, Applicant is awarded reimbursement of the claim.

**Fee Schedule:**

Respondent has the burden of coming forward with competent evidentiary proof to support its fee schedule defenses. See Robert Physical Therapy PC v. State Farm Mutual Auto Ins. Co., 2006 NY Slip Op 26240, 12 Misc.3d 172, 822 N.Y.S.2d 378, 2006 N.Y. Misc. LEXIS 1519 (Civil Ct, Kings Co. 2006). If Respondent fails to demonstrate by competent evidentiary proof that an Applicant's claims were in excess of the appropriate fee schedule, Respondent's defense of noncompliance with the appropriate fee schedule cannot be sustained. See, Continental Medical PC v. Travelers Indemnity Co., 11 Misc.3d 145A, 819 N.Y.S.2d 847, 2000.

The only issue in contention is whether Applicant can be reimbursed for code 29999 for the services described as "Coblation Arthroscopy of the Patellofemoral Compartment." In support of its defense that this code is not reimbursable Respondent submits the fee coder affidavit and addendum affidavit by David Chenkin, CPC, dated 1/7/21 and 3/3/21. Mr. Chenkin opines that the services described were chondroplasty and should have been billed under code 29877.

Applicant responds with an affirmation by Aaron J. Perretta, Esq., CPC, dated 2/16/21, in which Mr. Perretta responds that Mr. Chenkin is not qualified to address the services that were provided and that the services provided were properly billed under CPT code 29999 utilizing the RVU assigned to CPT code 29879.

I find Mr. Perretta's affirmation more persuasive, and Applicant is awarded reimbursement in the total amended amount of \$4,253.26.

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 applicant is AWARDED the following:

A.

Medical		From/To	Claim Amount	Amount Amended	Status
	McCulloch Orthopaedic Surgical Services, PLLC	07/02/19 - 07/02/19	\$5,671.02	\$3,842.15	Awarded: \$3,842.15
	McCulloch Orthopaedic Surgical Services, PLLC	07/02/19 - 07/02/19	\$606.80	\$411.11	Awarded: \$411.11
Total			\$6,277.82		Awarded: \$4,253.26

- B. The insurer shall also compute and pay the applicant interest set forth below. 08/29/2019 is the date that interest shall accrue from. This is a relevant date only to the extent set forth below.

In the instant matter Applicant is awarded interest pursuant to the no-fault regulations. 11 NYCRR 65-3.9 (a) provides that Interest shall be calculated "at a rate of two percent per month, calculated on a pro rata basis using a 30 day month." Pursuant to 11 NYCRR 65-3.9 (c), "if an applicant does not request arbitration or institute a lawsuit within 30 days after the receipt of a denial of claim form or payment of benefits calculated pursuant to Department of Financial Services regulations, interest shall not accumulate on the disputed claim or element of claim until such action is taken." Applicant electronically submitted its claim for arbitration on 9/16/19 within thirty days after receipt of the denial of claim. Therefore, interest shall run from 8/29/19 which is thirty days after the claim was received on 7/30/19.

C. Attorney's Fees

The insurer shall also pay the applicant for attorney's fees as set forth below

An attorney's fee of 20% shall be paid on the sum of the awarded claim plus interest, subject to a maximum of \$1,360.00.

- D. The respondent shall also pay the applicant forty dollars (\$40) to reimburse the applicant for the fee paid to the Designated Organization, unless the fee was previously returned pursuant to an earlier award.

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

04/05/2021  
(Dated)

Kevin R. Glynn

**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:**  
68b1d93c8dc538c1a8432d5a7d0358c2

### **Electronically Signed**

Your name: Kevin R. Glynn  
Signed on: 04/05/2021