American Arbitration Association
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

Exact Orthomed Inc. (Applicant)	AAA Case No.	17-21-1223-3788
	Applicant's File No.	2634479
- and -	Insurer's Claim File No.	94045-02
	NAIC No.	24309
Hereford Insurance Company (Respondent)		

ARBITRATION AWARD

I, Kihyun Kim, 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: the Assignor

1. Hearing(s) held on 07/22/2022
   Declared closed by the arbitrator on 07/22/2022

   Gary Pustel, Esq. from Israel, Israel & Purdy, LLP (Great Neck) participated for the Applicant

   Mark Zemcik, Esq. from Law Offices of Rubin & Nazarian participated for the Respondent

2. The amount claimed in the Arbitration Request, **$460.48**, 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

   The issue presented is whether the post-operative DME was medically necessary.

   The Assignor (DE) was a 30-year-old male pedestrian who was struck by an automobile on May 19, 2021. Applicant seeks reimbursement in the aggregate amount of $460.48 for a cold compression therapy unit, a cold therapy wrap for the shoulder and a shoulder orthosis provided to the Assignor on July 17, 2021. Reimbursement was denied based on a peer review by Julio Westerband, M.D., dated September 23, 2021.

4. Findings, Conclusions, and Basis Therefor

This arbitration was conducted using the documentary submissions of the parties contained in the ADR Center, maintained by the American Arbitration Association. I have reviewed the documents contained therein as of the close of the hearing and such documents are hereby incorporated into the record of this hearing. The hearing was held by Zoom video conference. Both parties appeared at the hearing by counsel, who presented oral argument and relied upon their documentary submissions. There were no witnesses. Further, this matter was heard with linked case, *Good Medica Inc and Hereford Insurance Company,* AAA Case No: 17-21-1223-8429. The documents uploaded to the ADR Center for this case, as well as for the linked case, were considered in making this award.

The Assignor was a 30-year-old male who was injured in an automobile accident on May 19, 2021. Following the accident, the Assignor was taken by ambulance to the hospital where he was evaluated, treated and released without admission. X-rays and CT scans were taken but no fractures were noted. The Assignor later sought medical treatment and testing for his injuries from various providers, who started him on a course of conservative care including physical therapy

On July 17, 2020, the Assignor underwent an arthroscopy of the right shoulder conducted by Ronald Daly, M.D., and assisted by Sadie Fayzulayev, P.A., at a facility in New York, New York. Following the surgery, Applicant provided the Assignor with a cold compression therapy unit, a cold therapy wrap for the shoulder and a shoulder orthosis that were prescribed by Dr. Daly on the date of the surgery. Applicant billed Respondent for the DME, and Respondent timely denied Applicant's claims based upon the September 23, 2021 peer review by Julio Westerband M.D., who determined that the DME was not medically necessary.

Applicant now seeks reimbursement in the aggregate amount of $460.48 for a cold compression therapy unit, a cold therapy wrap for the shoulder and a shoulder orthosis provided to the Assignor on July 17, 2021.

Legal Framework - Medical Necessity - Peer review

The issue of whether treatment is medically unnecessary cannot be resolved without resort to meaningful medical assessment (*Kingsbrook Jewish Medical Center v. Allstate Ins. Co.*, 61 A.D.3d 13 [2d Dept. 2009]), such as by a qualified expert performing an independent medical examination or conducting a peer review of the injured person's treatment. *See Rockaway Boulevard Medical P.C. v. Travelers Property Casualty Corp.*, 2003 N.Y. Slip Op. 50842(U), 2003 WL 21049583 (App. Term 2d & 11th Lists. Apr. 1, 2003).

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 W. Ins. Co.*, 42 Misc 3d 141(A), 2014 NY Slip Op 50219(U) (App. Term 2d, 11th and 13th 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.*, 13 Misc 3d 136(A), 2006 NY Slip Op 52116 (App Term 1st Dept. 2006). The Appellate Courts

have not clearly defined what satisfies this standard except to the extent that "bald assertions" are insufficient. *Amherst Med. Supply, LLC v. A. Cent. Ins. Co.*, 41 Misc 3d 133(A), 2013 NY Slip Op 51800(U) (App. Term 1st Dept. 2013). However, there are myriad civil court decisions tackling the issue of what constitutes a "factual basis and medical rationale" sufficient to establish a lack of medical necessity.

The civil courts have held that a defendant's peer review or medical evidence must set forth more than just a basic recitation of the expert's opinion. The trial courts have held that a peer review report's medical rationale will be insufficient to meet Respondent's burden of proof if: 1) the medical rationale of its expert witness is not supported by evidence of a deviation from "generally accepted medical" standards; 2) the expert fails to cite to medical authority, standard, or generally accepted medical practice as a medical rationale for his findings; and 3) the peer review report fails to provide specifics as to the claim at issue, is conclusory or vague. *See generally Nir v. Allstate Ins. Co.*, 7 Misc.3d 544, 547 (Civ. Ct. Kings Co. 2005). "Generally accepted practice is that range of practice that the profession will follow in the diagnosis and treatment of patients in light of the standards and values that define its calling." *Id.*, at 547 (*citing City Wide Social Work & Psychological Servs. v. Travelers Indem. Co.*, 3 Misc. 3d 608, 612 [Civ. Ct., Kings County 2004]).

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).

Peer Review - Julio Westerband, M.D., dated September 23, 2021

Respondent relies principally upon the peer review report by Julio Westerband, M.D., dated September 23, 2021, in asserting lack of medical necessity for the cold compression therapy unit, the cold therapy wrap for the shoulder and the shoulder orthosis provided to the Assignor on July 17, 2021. I note that Dr. Westerband's peer report addresses the medical necessity of other items and services not at issue this proceeding; only the portions of the peer review relevant to the cold therapy unit, cold therapy wrap and shoulder orthosis are discussed herein. At the outset, the peer report lists the various medical records that Dr. Westerband reviewed and provides a brief medical history of the accident and the treatment that the Assignor received. Dr. Westerband opined, based on the submitted records, that the right shoulder arthroscopy performed on July 17, 2021 was not medically necessary. In addition, he found that because the right shoulder arthroscopy was not medically necessary, the post operative DME viz., cold therapy unit, cold therapy wrap for the shoulder, and shoulder orthosis were also not medically necessary.

With regard to right shoulder arthroscopy, Dr. Westerband asserted that:

> As per the medical records, the claimant did not receive physical therapy sessions before the recommendation of right shoulder arthroscopy, which is inadequate to assess the benefit the claimant could have gained from physical therapy. Moreover, the claimant was less than two months status post-accident while

> recommending right shoulder arthroscopy. A comprehensive attempt at conservative care including physical therapy sessions for 3 to 6 months could have resolved most of the symptoms, nullifying the need for right shoulder arthroscopy.

Dr. Westerband indicated that: "Your doctor may recommend shoulder arthroscopy if you have a painful condition that does not respond to nonsurgical treatment. Nonsurgical treatment includes rest, physical therapy, and medications or injections that can reduce inflammation and allow injured tissues to heal."

Dr. Westerband noted that there was some damage to the labrum noted on MRI; however, the records did not document failure to respond to therapy or evidence of failure to respond to the judicious use of intra-articular steroids. He asserted that:

> "Surgeons should try to be as conservative as possible when treating a torn shoulder labrum. . . [They are usually treated with rest, anti-inflammatory medications, and, in some cases, an in office cortisone injection. This is followed by gradual stretching of the shoulder, initially with a physical therapist, for six weeks to two months... into place - a process called reduction - followed by physical therapy to strengthen the muscles. . . If physical therapy fails and the athlete still can't complete overhead motions, or the shoulder continues to dislocate, surgical treatment might be required to reattach the torn ligaments and labrum to the bone." (Shoulder Labrum Tears: An Overview, Dr. Fealy on treatment of labral cartilage tears and shoulder instability).

Dr. Westerband maintained that in most cases, the initial treatment for a SLAP injury is nonsurgical.

Dr. Westerband further noted that management of shoulder pain primarily involves conservative treatment methods such as NSAIDs, rest, physical therapy, subacromial injections (corticosteroids, local anesthetics, hyaluronate), and exercise. Dr. Westerband maintained that the additional nonsurgical treatment is effective. He found that, in this case, adequate conservative treatment was not provided and shoulder arthroscopy was performed prematurely. Therefore, he concluded that the right shoulder arthroscopy was not medically necessary.

More specifically, with regard to the cold therapy unit with wrap, Dr. Westerband found that iceless localized compression and thermal therapy "are not indicated for routine shoulder and lower extremity injuries or post-op use in the routine shoulder and knee surgeries or routine upper and lower extremity surgery." He found no indication why the claimant would require cold therapy compression unit with wraps, as topical application of ice suffices for post-op cold therapy in this case.

Dr. Westerband acknowledged that cold therapy has a long history as a therapeutic entity in the treatment of soft-tissue injury and postoperative rehabilitation; he found, however, that the literature is conflicting on the efficacy of this treatment. He noted that there is insufficient evidence in the published, peer-reviewed scientific literature to demonstrate that the use of specialized devices that provide cooling and compression

has a clinical benefit over the conventional, intermittent application of icepacks and wraps. He maintained that a heating pad or a bag of ice would be sufficient for the topical application of heat or cold.

With regard to the shoulder orthosis, Dr. Westerband found that the postoperative shoulder orthosis provided to the claimant was not medically necessary as there was no fracture, dislocation, or neurologic deficit. He maintained that a simple post-operative sling would be adequate for post-operative care after an arthroscopic procedure. He stated that: "For some unknown reason, the doctor has chosen an acromioclavicular orthosis which adds to the mystery. There was no evidence of an AC separation or any AC separation repair. So, no orthosis was indicated and, specifically, an AC orthosis had no reason for having even been considered."

In addition, Dr. Westerband indicated that excessive immobilization from continuous use of a cast or splint can lead to chronic pain, joint stiffness, muscle atrophy, or more severe complications (e.g., complex regional pain syndrome).

Rebuttal - Ronald Daly, M.D., dated June 7, 2022

To refute the September 23, 2021 peer review by Dr. Westerband, Applicant relies principally upon a rebuttal, dated June 7, 2022, from Ronald Daly, M.D., the treating and referring surgeon Initially, the rebuttal presents the Assignor's medical history following the accident, highlighting various findings from the Assignor's medical record.

Dr. Daly disagreed with the peer review's analysis and asserted that the surgery was medically necessary based on the MRI showing evidence of labral tearing, as well as findings noted upon examination including reported worsening right shoulder pain despite conservative treatment, decreased rotator cuff strength, tenderness over the AC joint and coracoid, and a positive Painful Arc and O'Brien's test.

Dr. Daly found that it was clearly noted on July 9, 2021, that the patient was receiving physical therapy, acupuncture treatment, and massage therapy three to four times a week without any significant improvement and continued to receive treatment. Citing medical authority, he asserted, in any event, that there is no clear consensus regarding whether physical therapy should be performed for any particular time period.

In addition, Dr. Daly indicated that according to recent studies, physical therapy is rarely successful in resolving labral tears although they may initially be treated conservatively with rest, activity modification, pain medication, and non-steroidal anti-inflammatory drugs. He further asserted that exercises to build strength and endurance should not be initiated until pain had resolved.

Dr. Daly also contended that injections would not be beneficial or indicated for several reasons. He found that injections do not actually repair anything (especially tears) within the joint and only sometimes temporarily mask some of the symptoms. He also found that injections carry the risk of detrimental effects on the tendon and bone and decreased potential for healing after repair
if one is necessary.

Dr. Daly maintained that studies are in agreement that even partial tears should be surgically treated because if left untreated, they will get worse with time. He contended that most partial tears do not heal on their own, and that the clinical and biomechanical data suggest that most of these tears progress to become larger rather than smaller with time. He asserted that if a partial tear is untreated, it will likely progress and become irreparable.

Dr. Daly also indicated that arthroscopic intervention for labral pathologies has also been shown to result in significantly better outcomes, and that a debridement is the procedure of choice in treatment of rotator cuff and SLAP tears. He noted that the postoperative diagnoses included a right shoulder partial rotator cuff tear, labrum tear, grade II chondral lesion of the glenoid, and loose bodies.

Dr. Daly asserted that given the necessity for the surgery, all associated equipment was medically necessary.

Dr. Daly stated that he prescribed the Assignor the cold compression unit and wrap at issue to reduce post-operative inflammation and to aid in the healing process while helping prevent DVT.

Dr Daly referenced a study to evaluate the effectiveness of intermittent pneumatic compression device to prevent post-operative deep vein thrombosis (DVT) that showed that the risk of DVT was reduced by 60%.

Dr Daly asserted that the surgery performed placed this patient at a greater risk of developing DVT, regardless of a lack of complication. He maintained that it is well-known in the orthopedic community that there is a substantial increase in risk of developing DVT post-operatively. He maintained the pneumatic compression device at issue is a preferred method over the use of anticoagulants because anticoagulants significantly delay the healing process of wounds, which can lead to many complications, including bleeding, deep infections, and failed wound closure. He asserted that pneumatic compression devices are, therefore, a reasonable alternative in patients at high risk for bleeding, which would include a patient who just underwent an invasive arthroscopic procedure. Based on the above, and given the potentially fatal consequences associated with postoperative DVT, Dr Daly found prophylaxis was necessary using the best available means.

Dr. Daly asserted that RICE (Rest, Ice, Compression and Elevation) has long been used to assist in rehabilitation following orthopedic surgery. He indicated that the cold compression device combines the two most difficult to manage (Ice and Compression) into one, easy-to-use system. Dr. Daly acknowledged that both ice and the CTU both achieve a decline in temperature; however, he found that ice is more painful.

Dr. Daly noted that soft tissue trauma from injury or surgical intervention causes an inflammatory response. He asserted that: "By utilizing cold therapy, the temperature of the tissue is lowered and the rates of the chemical reactions that actually cause the inflammation are slowed. Therefore, more cells survive, the damage slows, and healing is accelerated. The cold also acts as an analgesic and reduces the pain from any inflammation and the associated swelling. He further contended that the benefits of cold

therapy have been proven in numerous studies, and he summarized the findings of a few studies to support his assertion.

Dr. Daly maintained that cold is effective only if used properly; he asserted that the cold therapy device, as opposed to simply applying ice, allows a temperature that is precise and stable. He further asserted that compression also aids the effectiveness of the cold therapy by improving the contact of the cold therapy wrap with the skin, and by reducing the excess fluid that can be accumulated after soft tissue injury or trauma. The compression also addresses the musculoskeletal injury by reducing the blood flow and swelling.

Dr Daly concluded that combination of cold and compression therapy was medically necessary for this patient recovering from orthopedic surgery, as the device has been shown to have many far-reaching benefits, including lower VAS pain scores, reduction of analgesics and narcotics, lower suctioned blood loss and improved range of motion after 14 days.

Regarding the shoulder orthosis, Dr. Daly cited medical authority that found patients who use a brace after surgery "showed less pain and a better passive range of motion at short time after surgery."

Finally, Dr. Daly asserted that as the Assignor's treating physician he was in the best position to determine the proper course of treatment for the Assignor.

Analysis - Medical Necessity - CTU/Wrap/Orthosis - DOS 7/17/21

As a preliminary matter, Applicant asserted at the hearing that the denial was facially late, and did not indicate that any verification was requested and/or received. However, review of the record does establish that additional verification was timely and properly requested, that the verification was provided and Respondent timely denied Applicant's claims within 30 days after receipt of proof of claim. The courts have consistently held that a minor factual discrepancy in a denial of claim form does not invalidate a denial. *See Westchester Medical Center v. Nationwide Mutual Ins.,* Co., 78 A.D.3d 1168, 911 N.Y.S.2d 907, 2010 NY Slip Op 08933 (App. Div., 2nd Dept., Nov. 30, 2010). The Court has reasoned that what amounts to a consequential error is one that poses the possibility of confusion or prejudice under the circumstances of the case. *See St. Barnabas Hospital v. Penrac, Inc.,* 79 A.D.3d 733, 911 N.Y.S.2d 920, 2010 NY Slip Op 09122 (App. Div., 2nd Dept., Dec. 7, 2010). A mistake or omission which does not cause prejudice that will not render the denial a nullity. *See, NYU-Hospital for Joint Diseases v. Esurance Ins. Co.,* 84 A.D.3d 1190, 923 N.Y.S.2d 686, 2011 NY Slip Op 04436 (App. Div., 2 Dept, May 24, 2011); *NYU-Hospital for Joint Diseases v. Allstate Ins. Co.*, 123 A.D.3d 781, 1 N.Y.S.3d 114, 2014 NY Slip Op 08613 (App. Div., 2 Dept, Dec. 10, 2014). These principles are also codified in the regulations. See 11NYCRR §65-3.8(h) which states:

> With respect to a denial of claim (NYS Form N-F 10), an insurer's non-substantive technical or immaterial defect or omission shall not affect the

> validity of a denial of claim. This subdivision shall apply to medical services rendered, and to lost earnings and other reasonable and necessary expenses incurred, on or after April 1, 2013.

As Applicant has not demonstrated any actual confusion or prejudice herein, I find that the failure to include the date that final verification was requested and the date final verification was received on the denial was a "non-substantive technical or immaterial defect or omission" that does not affect the validity of the denial.

After reviewing all of the submissions and taking into account the oral arguments of the parties, I find that Applicant established, by a preponderance of credible evidence, that the cold compression therapy unit and the cold therapy wrap for the shoulder provided to the Assignor on July 17, 2021, were medically necessary. While I have some concerns about both the peer review and rebuttal, overall, I found the rebuttal and Applicant's supporting medical records meaningfully addressed and adequately rebutted the arguments and opinions of the peer reviewer and establish the medical necessity for the CTU and wrap. The cold compression therapy unit was prescribed and provided on July 17, 2020, the date of the surgery, approximately two months after the accident. While Dr. Westerband found that the DME was not medically necessary, at least in part, due to his opinion that the surgery itself was performed prematurely without an adequate attempt at conservative care and was medically unnecessary, I found that the rebuttal and Applicant's supporting medical records adequately supported the need for the surgery at the time conducted given the worsening pain and clinical findings and MRI results that indicated labral tears. The record established that some conservative treatment had been conducted and Dr. Daly provided medical authority that supported his assertions that physical therapy is rarely successful in resolving labral tears although they may initially be treated conservatively. The surgery confirmed rotator cuff and labral tearing. Under the circumstances, I find it appropriate to give some deference to the treating physician as to the precise amount of conservative care required before surgery, the need for injections prior to surgery, and his decision to proceed with the surgery based on his clinical findings and the MRI results. Specifically, with respect to the cold compression therapy device and wrap themselves, Dr. Westerband's peer review never persuasively explained how or why the prescription of the disputed DME was a deviation from accepted medical practice and medically unnecessary. The peer review found ice would be sufficient and indicated that there was insufficient evidence that the device provided a clinical benefit over the conventional, intermittent application of icepacks and wraps. However, simply labeling an item unproven or questioning the efficacy, cost-effectiveness and/or superiority of a device as compared to an alternative, without sufficient context, detail or explanation is insufficient to meet Respondent burden. Simply, because an ice pack may be a simpler and more cost-effective option does not necessarily mean that the cold compression therapy unit is medically unnecessary. In any event, the rebuttal did indicate a number of benefits of cold compression therapy as compared to the application of ice packs. Given the foregoing, I also find it appropriate in this case to give some deference to the treating provider, who actually performed examinations, established treatment and diagnostic plans, made diagnoses and performed medical services for the Assignor. Ultimately, I find the Applicant's rebuttal and supporting medical records and arguments to be more credible and persuasive than the peer review. Based on the totality of the evidence in the record,

Applicant has rebutted Respondent's defense and established the medical necessity for the cold compression therapy device and wrap at issue. As Applicant has meet its burden of persuasion, Applicant is entitled to reimbursement in the aggregate amount of **$349.41** for the cold compression therapy unit, and the cold therapy wrap for the shoulder provided to the Assignor on July 17, 2021.

Notwithstanding the foregoing, I find that Applicant failed to establish, by a preponderance of credible evidence, that the shoulder orthosis provided to the Assignor on July 17, 2021 was medically necessary. I found the rebuttal and Applicant's supporting medical records failed to meaningfully address and adequately rebut the arguments and opinions of the peer reviewer and establish the medical necessity for the orthosis. The shoulder orthosis was prescribed and provided on July 17, 2020, the date of the surgery, approximately two months after the accident. Dr. Westerband found that the postoperative shoulder orthosis provided to the claimant was not medically necessary as there was no fracture, dislocation, or neurologic deficit. He maintained that a simple post-operative sling would be adequate for post-operative care, and specifically questioned the selection of an acromioclavicular orthosis as there was no evidence of an AC separation or any AC separation repair. He further found that excessive immobilization can lead to chronic pain, joint stiffness, muscle atrophy, or more severe complications (e.g., complex regional pain syndrome). The medical records failed to provide any specific explanation of the need for the device, and Dr. Daly's citation to one medical authority that found patients who use a brace after surgery "showed less pain and a better passive range of motion at short time after surgery" was inadequate to rebut the assertions and opinions of the peer reviewer. Ultimately, I find the peer review to be more credible and persuasive than the rebuttal and Applicant's supporting medical records and arguments with respect to the orthosis. Based on the totality of the evidence in the record, Applicant has failed to rebut Respondent's defense and established the medical necessity for the shoulder orthosis at issue. As Applicant has failed to meet its burden of persuasion, Applicant's claims for the shoulder orthosis provided to the Assignor on July 17, 2021, are denied.

Conclusion

For the reasons set forth herein, Applicant is awarded reimbursement in the total amount of $349.41, with attorney's fees, interest and the arbitration filing fee as set forth below. This decision is in full disposition of all claims for no-fault benefits presently before this Arbitrator. Any further issues raised in the hearing record are held to be moot and/or waived insofar as not specifically raised at the time of the hearing.

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**	**Status**
	Exact Orthomed Inc.	**07/17/21 - 07/17/21**	**$460.48**	**Awarded: $349.41**
Total			**$460.48**	**Awarded: $349.41**

B. The insurer shall also compute and pay the applicant interest set forth below. 10/18/2021 is the date that interest shall accrue from. This is a relevant date only to the extent set forth below.

Interest shall be computed from October 18, 2021, the AR-1 filing date, at the rate of 2% per month and ending with the date of payment of the award, subject to the provisions of 11 NYCRR 65-3.9(c).

C. Attorney's Fees

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

Respondent shall pay the Applicant's attorney's fees in accordance with 11 NYCRR 65-4.6(d).

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 Suffolk

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

08/21/2022
(Dated)

Kihyun Kim

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:
495ef846378922c82128f5269ed244b3

Electronically Signed

Your name: Kihyun Kim
Signed on: 08/21/2022