

American Arbitration Association
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

Suesserman Chiropractic PC
(Applicant)

- and -

Integon National Insurance Company
(Respondent)

AAA Case No. 17-23-1330-4779

Applicant's File No. 3127210

Insurer's Claim File No. 9XINY04271-03

NAIC No. 29742

ARBITRATION AWARD

I, Anne Malone, 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: EIP

1. Hearing(s) held on 07/15/2024
Declared closed by the arbitrator on 07/15/2024

Melissa Scotti, Esq. from Law Offices of Andrew J. Costella Jr., Esq. participated virtually for the Applicant

Maureen Knodel, Esq. from Law Offices of Eric Fendt participated virtually for the Respondent

2. The amount claimed in the Arbitration Request, **\$2,212.32**, 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 41year old EIP reported involvement in a motor vehicle accident on April 30, 2023; claimed related injury and underwent office visits and chiropractic treatment provided by the applicant from July 18, 2023 to November 7, 2023.

The applicant submitted a claim for these medical services, payment of which was timely denied by the respondent based on the IME of the EIP by Philip Cilio, D.C., L.AC. which was performed on June 27, 2023. The IME cut-off was effective on July 18, 2023. In response, the applicant submitted a rebuttal dated May 15, 2024 by David Susserman, D.C., the EIP's treating medical provider.

The issue to be determined at the hearing are:

Whether the respondent established that the EIP violated a condition precedent to coverage.

Whether the respondent's denial based on the EIP's failure to appear for an IME can be sustained.

Whether the respondent established that the medical services provided by the applicant were not medically necessary.

4. Findings, Conclusions, and Basis Therefor

This hearing was held on Zoom and the decision is based upon the documents reviewed in the Modria File as well as the arguments made by counsel and/or representative at the arbitration hearing. Only the arguments presented at the hearing are preserved in this decision; all other arguments not presented at the hearing are considered waived.

No Show IME

It is the respondent's burden to prove that the bill in question was properly denied. Under 11 NYCRR 65-1.1, which prescribes the No-Fault Mandatory Personal Injury Protection Endorsement which must be included in all owners policies of motor vehicle liability insurance issued in New York, the "Conditions" section of the endorsement contains a "Proof of Claim" provision (d) which states in pertinent part that "Upon request by the Company, the eligible injured person or that person's assignee or representative shall:(d) "the eligible injured person shall submit to medical examination by physicians selected by or acceptable to, the Company when, and as often as, the Company may reasonably require."

Under the regulations claims practice provisions, Section 65-3.5(d) states in pertinent part that: : "[a]ll examinations under oath and medical examinations requested by the insurer shall be held at a place and time reasonably convenient to the applicant and medical examinations shall be conducted in a facility properly equipped for the performance of the medical examination. The insurer shall inform the applicant at the time the examination is scheduled that the applicant will be reimbursed for any loss of earnings and reasonable transportation expenses incurred in complying with the request."

The respondent submitted copies of letters dated July 26, 2023, August 14, 2023 and September 25, 2023 sent to the EIP and her attorneys scheduling IMEs on August 10, 2023, September 21, 2023 and October 19, 2023, respectively, with post office confirmation of timely mailing of this correspondence. Also submitted were affidavits from Dr. Sidhwani to establish his personal knowledge

that the EIP failed to appear for two scheduled independent medical examinations.

The policy breach in this case was instituted by the EIP. It was her failure to appear at the two scheduled independent medical examinations that caused the denial of the claims. The EIP's failure to appear for the examinations breached a condition precedent to coverage. See Unitrin Advantage Ins. Co. v. Bayshore Physical Therapy, PLLC, 82 A.D.3d 559, 560 (N.Y. App. Div. 1st Dept. 2011), which held that when an EIP "failed to appear for the requested IMEs, [the insurer] had the right to deny all claims retroactively to the date of loss, regardless of whether the denials were timely issued...A denial premised on breach of a condition precedent to coverage voids the policy ab initio and, in such case, the insurer cannot be precluded from asserting a defense premised on no coverage."

The applicant presented no evidence that the EIP did not receive the letters scheduling the independent medical examinations or to refute the proof that she did not attend the examinations on September 21, 2023 and October 19, 2023.

Based upon the proof presented, I find that the respondent established that the EIP violated a condition precedent to coverage and that its denial can be sustained.

Under these circumstances, the issue of medical necessity is moot.

Accordingly, the claim is dismissed with prejudice.

Any further issues raised in the record are held to be moot and/or waived insofar as they were not raised at the time of this hearing. This decision is in full disposition of all claims for no-fault benefits presently before this Arbitrator.

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 CT

SS :

County of Fairfield

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

07/18/2024

(Dated)

Anne Malone

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:
58dd373d3c405581a106acf9a62d5025

Electronically Signed

Your name: Anne Malone
Signed on: 07/18/2024