

American Arbitration Association  
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

Sedation Vacation Perioperative Medicine  
PLLC  
(Applicant)

- and -

The Travelers Home And Marine Insurance  
Company  
(Respondent)

AAA Case No. 17-23-1329-2672

Applicant's File No. NF 3743503

Insurer's Claim File No. 272 PP IEI9918  
003

NAIC No. 27998

**ARBITRATION AWARD**

I, Charles Blattberg, 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: Eligible injured person

1. Hearing(s) held on 07/24/2024  
Declared closed by the arbitrator on 07/30/2024

Rachel Stein, Esq. from The Law Office of Thomas Tona, PC participated virtually for the Applicant

Paige Williams-Sodoma, Esq. from Law Offices of Tina Newsome-Lee participated virtually for the Respondent

2. The amount claimed in the Arbitration Request, **\$207.97**, 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 claimant was the 67-year-old female restrained driver of a motor vehicle that was involved in an accident on 11/24/20. Following the accident, the claimant suffered injuries which resulted in the claimant seeking treatment. At issue is the medical necessity of anesthesia services provided by Applicant associated with a fluoroscopy guided right lumbar radiofrequency ablation performed on 10/12/23. Respondent timely denied reimbursement based on the results of an Independent Medical Examination (IME) conducted by Vijay Sidhwani, D.O. on 5/11/21.

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

Based on a review of the documentary evidence, this claim is decided as follows:

An applicant establishes a prima facie case of entitlement to reimbursement of its claim by the submission of a completed NF-3 form or similar document documenting the facts and amounts of the losses sustained and by submitting evidentiary proof that the prescribed statutory billing forms [setting forth the fact and the amount of the loss sustained] had been mailed and received and that payment of no-fault benefits were overdue. See, *Mary Immaculate Hospital v. Allstate Insurance Company*, 5 A.D.3d 742, 774 N.Y.S.2d 564 (2nd Dept. 2004). I find that Applicant established a prima facie case for reimbursement.

The claimant was the 67-year-old female restrained driver of a motor vehicle that was involved in an accident on 11/24/20. The claimant reportedly injured her neck, bilateral shoulders, rib cage, mid back, and low back. There was no reported loss of consciousness. There were no reported lacerations or fractures. Following the accident the claimant was transported by ambulance to Plainview Hospital where she was evaluated, treated, and released. Subsequently the claimant presented to Ronald P. Mazza, D.C. and was initiated on chiropractic treatment. Contemporaneously or subsequently the claimant was initiated on acupuncture. On 12/16/20 the claimant presented to Susan Zullo, D.C. and Richard Koffler, M.D. of RCK Medical Services, PC for an injury certification report and impairment summary ("ICR-IS testing") that consisted of a physical examination (including complaints, ADL evaluation, and orthopedic testing) and computerized range of motion and manual muscle testing. The report asserts "the goal of this certification and impairment study/assessment is to guide a multidisciplinary treatment protocol for the patient that recognizes the efficacy of treatment rendered at various treatment stages. This plan will be reviewed to determine the continued propriety of treatment types and frequency." On or before 12/18/20 the claimant presented to Sharon Catague, DPT of Hector Melgar PT, P.C. with complaints of neck pain rated 7/10 (where 0 is no pain and 10 is the worst pain), bilateral shoulder pain rated 6/10, mid back pain rated 7/10, right sided rib pain rated 7/10, and low back pain rated 10/10 radiating down the left leg. The claimant was initiated on physical therapy modalities. On 1/13/21 Dr. Mazza prescribed the use of a sustained acoustic medicine (SAM) device plus coupling gel provided by Duramed Inc. 1/13/21-2/16/21. On 1/13/21 the claimant underwent ICR-IS testing. On 2/17/21 Dr. Mazza prescribed the use of a sustained acoustic medicine (SAM) device plus coupling gel provided by Duramed Inc. 2/24/21-3/23/21. On 2/17/21 the claimant underwent ICR-IS testing. On 2/26/21 the claimant presented to Demetrios Mikelis, M.D. of New York Spine Specialist/Prompt Medical Spine Care, PLLC where epidural steroid injections were discussed and the claimant was recommended to continue conservative care including physical therapy and chiropractic treatment. On 3/1/21 the claimant presented to Svetlana Fuzaylova, M.D. of Multi-Specialty Pain Management, P.C. who performed Extracorporeal Shockwave Therapy (ESWT). On 3/15/21 the claimant returned to Dr. Fuzaylova who notes "she reports shock therapy relief about 80% pain for about two

days and pain returned." Dr. Fuzaylova determined "I am scheduling Extracorporeal Shockwave Therapy to L spine #2, recommending C spine, both shoulders (also considered Radial Shockwave therapy or Extracorporeal Pulse Activation Therapy) at this time due to the patient's ongoing symptomatology in regards to their levels of pain and/or dysfunction of the injured body part." Dr. Fuzaylova performed ESWT. On 4/16/21 Daniel Giangrosso, D.O. of New York Spine Specialist/Prompt Medical Spine Care, PLLC performed left lumbar trigger point injections (TPI). On 4/26/21 Joshua Kaye, M.D. of Multi-Specialty Pain Management, P.C. performed ESWT. On 4/30/21 Dr. Giangrosso conducted a follow-up examination noting post TPI the claimant experienced about 2 days of improvement and Dr. Giangrosso performed left lumbar TPI. On 5/5/21 the claimant underwent ICR-IS testing. On 5/10/21 Dr. Kay performed ESWT. On 5/14/21 Dr. Giangrosso conducted a follow-up examination noting the claimant "is experiencing 70-80% improvement" in lumbar pain and Dr. Giangrosso performed TPI to the left Piriformis and left Gluteus Maximus. On the 5/11/21 the claimant was required to present to Vijay Sidhwani, D.O. for an Independent Pain Management/Physical Medicine & Rehabilitation Examination (IME) upon which Respondent determined "PHYSICAL MEDICINE/REHABILITATION-PAIN MANAGEMENT TREATMENT DENIED AS OF 09/14/2021, BASED ON INDEPENDENT MEDICAL EXAM FINDINGS BY DR. VIJAY SIDHWANI, D.O. 5/11/2021." On 5/17/21 the claimant presented to Sebastian Lattuga, M.D. of New York Spine Specialist/Prompt Medical Spine Care, PLLC whose diagnosis was "Cervical spine pain; Cervical radiculopathy; Herniated cervical intervertebral disc; Sprain thoracic region w/HNP; Lumbar spine strain w/ HNP; Spondylolisthesis." Surgical and non-surgical treatments were discussed and claimant "having understood the risks and benefits the patient asked us to proceed with surgery/procedure." On 5/17/21 Douglas Schwartz, D.O. of New York Spine Specialist/Prompt Medical Spine Care, PLLC conducted lower extremities EMG/NCV testing that suggested evidence consistent with left L4 radiculopathy and nerve denervation. On 6/21/21 Dr. Lattuga conducted a follow-up examination. The claimant presented with complaints of back pain rated 7/10 and neck pain rated 6/10. Cervical examination revealed tenderness and spasms noted. There were restricted ranges of motion, flexion 45/70°, extension 20/45°, and bilateral turning to 45/80°. Biceps reflexes were normal (2+); but triceps were reduced bilaterally (1+) and reduced left brachioradialis (1+). Upper extremities muscle strength was normal (5/5); except 4/5 right biceps. Sensation was normal. Lumbar examination revealed tenderness and spasms noted. There were restricted ranges of motion, flexion 45/90°, extension 15/40°, and bilateral turning to 30/60°. Lower extremities muscle strength was normal (5/5); except 4/5 hip flexors bilaterally, bilateral quadriceps, bilateral tibialis, and bilateral EHL. Straight leg raise was positive bilaterally at 30°. Sensation was normal. Dr. Lattuga notes "patient not inclined for surgical options at this time continue pain management." On 6/23/21 Dr. Giangrosso conducted a follow-up examination and performed left lumbar paraspinals TPI. On 6/24/21 the claimant presented to Dr. Schwartz, who notes the claimant "is experiencing 70-80% improvement." The claimant was scheduled for lumbar epidural steroid injections (LESI) on 7/21/21. The 6/25/21 treatment notes by Dr. Mazza indicate "the patient reported she is feeling a slight improvement in the condition of cervical pain. She indicated that she is feeling a slightly better in the low back area. The patient states that the midback pain is slightly improved. She further reports that she is experiencing a slight decrease of pain and discomfort of her left shoulder and the right shoulder pain

has been a little better since the last visit. She also related that the rib pain on the right side has been a little better since the last visit [and] the rib pain on the left side has been feeling slightly better." The claimant rated her pain as neck pain 3/10, low back pain 3/10, midback pain 3/10, left shoulder pain 3/10, right shoulder pain 4/10 and bilateral rib pain 3/10. "Spinal evaluation revealed a decrease in the degree of joint fixation at C2-C6, T2-T8 and L1-L6. A lessened degree of pain at C2-C6, T2-T8 and L1-L6 bilaterally was elicited on examination of the spine. A reduced degree of swelling at C2-C6, T2-T8 and L1-L6 bilaterally was elicited. A decrease in the amount of heat at C2-C6, T2-T8 and L1 L6 bilaterally was exhibited on palpation of the vertebral segments and the surrounding tissue. In checking for muscle rigidity, decreased hypertonicity of the suboccipital muscles, cervical paraspinal muscles, upper thoracic muscles, mid thoracic muscles and lumbar paraspinal muscles bilaterally was revealed." The claimant was continued on chiropractic treatment. On 7/8/21 the claimant underwent ICR-IS testing. On 7/12/21 Dr. Fuzaylova performed right shoulder ESWT. On 7/26/21 Dr. Fuzaylova performed right shoulder ESWT. On 7/28/21 the claimant underwent ICR-IS testing. On 8/9/21 Dr. Giangrasso conducted a follow-up examination and performed L3-L5 transforaminal epidural steroid injections and epidurogram. On 8/27/21 Dr. Giangrasso conducted a follow-up examination noting "patient is s/p left lumbar TFESI#1 L3-5 on 8/9/21 and is experiencing 80% improvement. Patient grades her pain today a 3/10. Patient is pleased with the response to the procedure. Patient feels no further intervention is needed at this time." On 9/10/21 Dr. Mikelis conducted a follow-up examination where surgical intervention was discussed and declined. On 9/27/21 Robert Andrews, D.O. of Multi-Specialty Pain Management, P.C. conducted a follow-up examination. The claimant presented with complaints of aching and sharp sensation in her right shoulder, radiating pain down her lower extremities with muscle spasms, aching and stiff sensation in her neck and shoulders, slight headaches and dizziness, and right shoulder pain worse than left with limited ROM and tingling. Dr. Andrews notes "she reports shock therapy relief about 50% for about a week." Left shoulder examination revealed "range of motion was diminished with abduction and flexion to 150/180°. There is tenderness over the acromioclavicular joint. There is tenderness over the anterolateral shoulder. Internal and external rotation is diminished to 45/90° secondary to pain. There is pain on extremes of motion." Right shoulder examination revealed "range of motion was diminished with abduction and flexion to 120/180°. There is tenderness over the acromioclavicular joint. There is tenderness over the anterolateral shoulder. Internal and external rotation is diminished to 45/90° secondary to pain. There is pain on extremes of motion. Swan deformities both hands, ulner deviations both wrists." Dr. Andrews performed right shoulder ESWT. On 10/1/21 Dr. Giangrasso conducted a follow-up examination and the claimant was recommended for continued lumbar TPIs. On 10/11/21 Dr. Andrews performed left shoulder ESWT. On 10/25/21 Dr. Andrews performed left shoulder ESWT. On 11/19/21 Dr. Giangrasso conducted a follow-up examination noting "patient is s/p left lumbar TFESI#1 L3-5 on 8/9/21 and had experienced improvement. Patient grades her low back pain today a 5/10. Patient mostly c/o bilateral axial low back pain. Patient describes the pain as uncomfortable with muscle soreness." The claimant was recommended for additional lumbar trigger point injections and lumbar medial branch blocks. Lumbar trigger point injections were performed. On 11/22/21 Dr. Andrews performed left shoulder ESWT. On 11/29/21 the claimant underwent ICR-IS testing. On 12/6/21 Dr. Andrews conducted a follow-up examination and performed left shoulder ESWT. On 12/15/21 Dr.

Giangrasso performed L4, L5 transforaminal epidural steroid injections and epidurography. On 12/17/21 Dr. Mikelis conducted a follow-up examination and the claimant was recommended for surgery. On 12/20/21 Sharon Catague, DPT conducted a follow-up examination and the claimant was recommended for continued physical therapy. On 12/20/21 Dr. Andrews performed left shoulder ESWT. On 1/19/22 Dr. Giangrasso conducted a follow-up examination and performed lumbar trigger point injections. On 1/24/22 Sharon Catague, DPT conducted a follow-up examination and the claimant was recommended for continued physical therapy. On 2/2/22 Susan Zullo, D.C. and Richard Koffler, M.D. of RCK Medical Services, P.C. conducted ICR-IS testing. On 2/14/22 Dr. Giangrasso conducted a follow-up examination and performed lumbar trigger point injections. On 3/17/22 Sharon Catague, DPT conducted a follow-up examination and the claimant was recommended for continued physical therapy. On 3/18/22 Dr. Giangrasso conducted a follow-up examination surgery was discussed and declined. On 3/25/25 Dr. Giangrasso conducted a follow-up examination and performed lumbar trigger point injections. On 4/5/22 Applicant conducted ICR-IS testing. On 6/27/22 RCK Medical Services, PC conducted ICR-IS testing. On 11/1/22 RCK Medical Services, PC conducted ICR-IS testing. On 2/20/23 Dr. Giangrasso conducted a follow-up examination noting "Patient Is s/p lumbar TPIs on 1/30/23 and had experienced minimal Improvement. Pain has recurred, Patient today mostly q/o axial low back pain. Patient grades her pain today a 6-7/10. Patient grades her neck pain today a 2.5/10." Examination of the cervical spine revealed tenderness, spasms, decreased range of motion, decreased muscle strength, decreased reflexes and positive Spurling's test on the right. Examination of the right shoulder revealed positive Hawkin's test and Neer's test. Examination of the thoracic spine revealed tenderness, spasms and decreased range of motion. Examination of the lumbar spine revealed tenderness, spasms, decreased range of motion, decreased muscle strength and positive Facet Loading test bilaterally. Dr. Giangrasso prescribed continued physical therapy, Gabapentin and a TENS unit. On 3/1/23 the claimant presented to RCK Medical Services, PC with complaints of neck pain rated at 2/10; mid back pain rated 5/10; lower back pain radiating to the left lower extremity associated with numbness and tingling sensation, pain rated 6/10 and right shoulder pain rated at 5/10. Examination of the cervical spine revealed muscle spasms and tenderness on palpation; tenderness in the joints, bilateral suboccipitals and trapezius muscles; joint fixation throughout the spine; positive Cervical Compression test and Soto-Hall test. Examination of the thoracic spine revealed muscle spasms and tenderness on palpation; tenderness and joint fixation throughout the spine. Examination of the lumbar spine revealed muscle spasms and tenderness on palpation; spasms in the bilateral erector spinae and quadratus lumborum; tenderness over the lumbar joints; positive Valsalva test and Straight Leg Raising test on the left side. Muscle strength was decreased. Among the treatment recommended was ICR-IS testing performed the same day. On 10/12/23 the claimant underwent a procedure; the operative report for which is not in evidence. According to the anesthesia report submitted by Applicant on 10/12/23 the claimant underwent a surgery identified as fluoroscopy guided "right lumbar radio frequency ablation" performed 10:29-10:39 by "Daniel Giangrasso." The 10/12/23 associated anesthesia is at issue here.

The burden has shifted to the Respondent as they have raised a medical necessity defense. In order 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 2nd, 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.*, 2006 NY Slip Op. 52116 (App. Term 1st Dept. 2006). As a general rule, reliance on rebuttal documentation will be weighed in light of the documentary proofs and the arguments presented at the arbitration. Moreover, the case law is clear that a provider must rebut the conclusions and determinations of the IME/peer doctor with his own facts. *Park Slope Medical and Surgical Supply, Inc. v. Travelers*, 37 Misc.3d 19 (2012).

An IME report asserting that no further treatment is not medically necessary must be supported by a sufficiently detailed factual basis and medical rationale, which includes mention of the applicable generally accepted medical/professional standards. *Carle Place Chiropractic v. New York Central Mutual Fire Ins. Co.*, 19 Misc.3d 1139(A), 866 N.Y.S.2d 90 (Table), 2008 N.Y. Slip Op. 51065(U), 2008 WL 2228633 (Dist. Ct. Nassau Co., Andrew M. Engle, J., May 29, 2008).

Respondent timely denied the services at issue based on the 5/11/21 Independent Pain Management/Physical Medicine & Rehabilitation Examination (IME) conducted by Vijay Sidhwani, D.O. After reviewing the claimant's history, treatment, and medical records, Dr. Sidhwani conducts what appears to be a thorough examination. Dr. Sidhwani documents the claimant's then current complaints as pain in her bilateral shoulders (mainly the right), neck and lower back, as well as numbness and swelling in her left foot. Physical examination revealed motor strength normal (5/5) and reflexes were normal. Sensory examination revealed "**sensation decreased** to light touch over the lateral aspect of the right forearm and over the entire left lower extremity in all dermatomes tested. She sat through the interview reporting **discomfort** throughout range of motion testing. Notably there was severe deformity of both hands. There was significant ulnar deviation of digits 2-5 of both hands along with nodule formation over the MCP joints. There were also PIP and DIP joint deformities of the left 4th and 5th digits along with the right 5th digit." Bilateral shoulder examinations were negative for tenderness, Drop Arm test, Apprehension tests, Neer's Impingement sign and Hawkins' Impingement sign. Ranges of motion were **restricted in all planes**; except extension on left. Cervical examination revealed negative for tenderness, Cervical Compression test and Spurling's test. Ranges of motion were **restricted in all planes**. Thoracic examination was negative for tenderness. Lumbar examination was negative for tenderness, Straight leg raising, Sitting Lasegue's test and Patrick's test. Ranges of motion were **restricted in all planes**. No left foot examination was performed. Dr. Sidhwani's diagnosis was Right Shoulder Sprain Resolved, Left Shoulder Sprain Resolved, Cervical Sprain and Strain Resolved, Thoracic Spine Sprain Resolved and Lumbar Sprain and Strain Resolved. Dr. Sidhwani concluded "based on the findings of my examination of the claimant today and reviewing the claimant's available medical records, further Pain Management treatment, Physical Medicine & Rehabilitation or physical therapy is not reasonable or medically necessary. From a Pain Management/Physical Medicine & Rehabilitation viewpoint, the claimant will no longer benefit from any further Pain Management follow-up, Physical Medicine & Rehabilitation follow-up or physical therapy. The claimant's prognosis is good. In

addition, there is no need for any further diagnostic testing, injections, prescription pain medication or durable medical equipment/supplies from a Pain Management/Physical Medicine & Rehabilitation perspective. The claimant's right shoulder, left shoulder, neck and back have reached a therapeutic endpoint to treatment. The subjective complaints are not substantiated by objective findings. The mechanism of injuries supports the diagnoses based on subjective complaints only, as there were no objective findings. Per review of the medical records treatment notes do not indicate a decrease in pain or increase in functionality. Manual muscle testing and reflexes were normal which means the claimant is neurologically intact. However, range of motion testing and sensory testing are passive and completely subjective. While the claimant may be complaining/ experiencing other medical conditions or musculoskeletal ailments I did not find that her limited range of motion in the planes tested nor her diffuse sensory loss were related to her present complaints."

Respondent submitted a 9/7/21 addendum by Vijay Sidhwani, D.O. who avers "I have reviewed the additional medical records provided which include various no-fault bills and a progress note documenting a session of extracorporeal shockwave treatment (ESWT). I do not find any medical necessity for ESWT. In fact, as of the date of the IME report dated 5/11/21 the claimant had reached pre-accident status and there was no medical necessity for further treatment of any nature. I hope this information is helpful. If you have further questions, please feel free to contact me at your convenience."

In regard to the 5/11/21 Independent Pain Management/Physical Medicine & Rehabilitation Examination (IME) conducted by Vijay Sidhwani, D.O. this Arbitrator found in 17-22-1234-3645 *"this Arbitrator is persuaded by the medical reports by Dr. Giangrasso, Dr. Lattuga, Dr. Mazza, Dr. Schwartz, Dr. Fuzaylova, and Dr. Andrews that the claimant required treatment beyond the IME cut-off. This Arbitrator is not persuaded by Dr. Sidhwani's IME that completely disregards the claimant's complaints of pain, findings of decreased sensation and impaired ranges of motion as being "subjective" without any assertions that the claimant was engaging in symptom magnification or lack of effort. Dr. Sidhwani merely speculating "the claimant will no longer benefit from any further Pain Management follow-up, Physical Medicine & Rehabilitation follow-up or physical therapy" is not enough."*

It is noted that this Arbitrator arrived at similar conclusions in AAA Case Nos.: 17-22-1252-9160, 17-22-1242-2509, 17-23-1299-5103 and 17-23-1307-8104. Here Respondent has not submitted any significant new evidence, while Applicant has submitted additional medical reports supporting the necessity of such treatment including the services at issue. Accordingly, Applicant is awarded \$207.97.

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
	<b>Sedation Vacation Perioperative Medicine PLLC</b>	<b>10/12/23 - 10/12/23</b>	<b>\$207.97</b>	<b>Awarded: \$207.97</b>
<b>Total</b>			<b>\$207.97</b>	<b>Awarded: \$207.97</b>

- B. The insurer shall also compute and pay the applicant interest set forth below. 12/18/2023 is the date that interest shall accrue from. This is a relevant date only to the extent set forth below.

Interest runs from 12/18/23 (the date that arbitration was requested) until the date that payment is made at two percent per month, simple interest, on a pro rata basis using a thirty day month.

C. Attorney's Fees

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



Pursuant to 11 NYCRR §65-4.6 (d), ". . . the attorney's fee shall be limited as follows: 20 percent of the total amount of first-party benefits and any additional first-party benefits, plus interest thereon for each applicant for arbitration or court proceeding, subject to a maximum fee of \$1,360.

- 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 NY

SS :

County of Nassau

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

08/23/2024

(Dated)

Charles Blattberg

### **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:**  
4be51fbb290bdb2e9ae27911974c935e

### **Electronically Signed**

Your name: Charles Blattberg  
Signed on: 08/23/2024