

Nevada Workers' Compensation Law Blog

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Reopening a Nevada Work Comp Claim- 5 Questions

I receive many phone calls and emails each week asking my help in reopening a closed claim. If you are shopping for an attorney, ask whether the attorney's fee includes help in reopening your claim. If you need more medical treatment after your claim is closed and your attorney has been paid, you need to know whether you can count on that attorney to help you. It is difficult to get a new attorney to help you reopen your claim if the new attorney has no way to get paid for helping you.

The following questions should help you better understand the reopening process.

1. Are you sure that you have reopening rights on your claim?

Only injured workers who receive temporary total disability benefits or a permanent partial disability award before their claims are closed have lifetime reopening rights. If your injury costs the insurer less than \$300 in medical expenses, and the insurer gives proper notice of claim closure rules, you may not reopen your claim. If you had medical expenses over \$300, but you did not receive TTD benefits, or did not receive a PPD award, you may only reopen your claim within a year of its closure.

2. Have you gotten a medical report to attach to a reopening request letter?

You must either use your private medical insurance or pay cash to get a written report from a doctor that states that your injury has worsened from the time your claim was closed. The insurer will not reopen a claim without this medical report. Attach this report to a letter requesting reopening of your old claim, and reference your claim number. After the claim is reopened, send the insurer the receipt for your expenses in getting this medical report. If you cannot afford to get a medical report, do not ask to reopen your claim until you can pay for a report to attach to your request. The insurer will not pay for you to get this report- no exceptions!

3. Does the medical report identify an objective worsening of your injury?

The medical report must clearly state that your injury has worsened. If the report only says that the doctor wants another MRI because you are complaining of more pain, the insurer will not reopen your claim until after you pay for a MRI, and the MRI must show that your injury has worsened. Your doctor should discuss in what way your injury has

gotten worse. Medical reports that only state that you have increased symptoms are not enough. If the doctor is only prescribing more pain medication or a few more visits of physical therapy to make you feel better, then your reopening request will be denied.

4. Does the medical report recommend additional treatment?

Again, If your doctor only states in his report that he wants more x-rays or a MRI before he knows what treatment you need, don't ask for reopening until after you get more x-rays or a MRI so that your doctor can state what you need. Give your doctor a copy of your rating evaluation that was used for your permanent partial disability award so that your doctor knows what treatment you have already tried in the past. Your condition may have worsened, but if no additional treatment is recommended, the insurer will deny your reopening request.

5. Are you asking for treatment to a body part that was accepted?

An insurer will not reopen a claim for treatment to a body part that was never accepted and treated before the claim was closed. If you try to reopen your claim to get treatment for some other body part, it can be very difficult to convince the insurer or a hearings officer that you did not know that this other body part was injured in the original accident and that it now requires medical attention months or years later. If you aren't sure what body parts were accepted, review the rating evaluation report that was used for your permanent partial disability award. It discusses what body parts were injured and treated.

It is important that you have all the information necessary to successfully reopen your claim before you send your reopening request to the insurer. If the insurer denies your request because you did not have complete information, and you do not appeal, or you lose your appeal, you cannot request reopening again for another year. For more information about reopening a closed claim, see

[“How Do I Reopen My Claim?”](#)

Virginia Hunt Law Office
1945 E. Warm Springs Road, Las Vegas, NV 89119
Phone: (702) 699-5336
Fax: (702) 731-9097
Email: virginia@huntlawoffice.com