

APPEAL NO. 000699

On March 9, 2000, a contested case hearing (CCH) was held. The CCH was held under the provisions of the Texas Workers= Compensation Act, TEX. LAB. CODE ANN. ' 401.001 *et seq.* (1989 Act). The hearing officer resolved the disputed issues by deciding that appellant/cross-respondent (claimant) sustained compensable injuries to her bladder, vagina, and rectum, causing vaginal prolapse, a prolapsed rectum, and rectocele, in addition to her low back strain sustained on _____; that claimant did not sustain compensable injuries to her neck, causing headaches, both shoulders, left hip, left leg, right hand or left middle finger; and that claimant had disability from June 18, 1999, through June 24, 1999, resulting from her compensable injury of _____. Claimant appeals that portion of the hearing officer=s decision on the extent-of-injury issue that is adverse to her and the disability determination. Respondent/cross-appellant (carrier) appeals that portion of the hearing officer=s decision on the extent-of-injury issue that is adverse to it and the disability determination. Both parties filed responses.

DECISION

Affirmed.

Claimant testified that on _____, she slipped and fell on the pavement, landing on her back and hitting her head. She said she believes she fell on her left hip and back and that she hit her right hand. She indicated that she also fell on her left hand. The parties stipulated that on _____, claimant sustained a compensable injury to her low back area.

According to reports of Dr. P, claimant had pain in her neck, low back, knees, and right wrist after being involved in a motor vehicle accident in 1988; she had a cervical fusion in 1990 at C5-6 and C6-7 with harvested iliac bone; and then she fell down stairs in 1991, injuring her neck, low back, and knees with radiating pain to her upper and lower extremities and headaches. A medical report states that claimant had neck pain that radiated to her right shoulder after moving boxes in 1996. Medical records from 1996 through October 1998 reflect that claimant complained of headaches and pain in her neck, left hip, left leg, low back, upper back, and weakness in her left arm, and had physical therapy and injections for pain. A 1997 lumbar MRI was reported to be normal and a 1997 cervical MRI showed a bulge at C5-6. Following her fall on _____, claimant went to Dr. H on December 11, 1998, who diagnosed cervical and lumbar strains secondary to the fall and noted that the examination was negative for lacerations and abrasions. After her accident of _____, claimant continued to complain of pain in her neck, back, left hip, and left leg. Dr. H released claimant to return to work on December 12, 1998, with restrictions and claimant returned to work. Dr. H noted that a January 1999 nerve conduction study was normal. Dr. H noted in March 1999 that claimant=s left middle finger was hurting and diagnosed tendinitis and prescribed a finger splint. In April 1999, Dr. H noted that claimant had been hospitalized for several days following a myelogram and that she had been off work since March 19, 1999. Dr. H also noted that claimant had had bladder suspension surgery in 1997 and that in April 1999 claimant had

sneezed and leaked urine. Dr. H wrote that she doubted that claimant's bladder problem was related to her fall. Dr. H noted in October 1999 that claimant had spasms in her left shoulder. Dr. H wrote that claimant's _____ fall exacerbated her left hip and leg pain.

A March 1999 lumbar MRI showed a possible disc bulge at L3-4 and a mild disc bulge at L4-5, and March 1999 diagnostic studies of the cervical spine showed post surgical changes with spondylosis and possible pseudoarthrosis. Claimant underwent injections for back pain in April 1999. In April 1999, claimant was diagnosed as having symptomatic rectocele. Dr. H noted in May 1999 that claimant had a prolapsed vagina, rectum, and bladder. Dr. H also noted in May 1999 that claimant would be disabled through August 1999. On June 14, 1999, Dr. H gave claimant permission to return to work if she was feeling better. Claimant said she attempted to return to work for one day but was unable to work. Dr. HU wrote that claimant's previous bladder surgery was a bladder neck suspension and that her fall in _____ led to a breakdown of that repair and that claimant's stress incontinence is likely secondary to a breakdown of that repair after the fall. On June 18, 1999, claimant underwent a pubovaginal sling and cystocele repair. Dr. HU noted on June 24, 1999, that claimant had no complaints, but later noted complaints. In September 1999, Dr. D saw claimant for back, neck, and bilateral wrist pain. Claimant began treating with Dr. J around October 1999 and Dr. J noted that claimant was off work and that she had complaints of pain in her neck, back, left leg, left arm, and right wrist. Dr. J diagnosed lumbar and cervical radiculopathy, bilateral wrist derangement, myofascial pain syndrome, and sacroiliitis, and recommended physical therapy.

The hearing officer determined that claimant sustained compensable injuries to her bladder, vagina, and rectum causing vaginal prolapse, a prolapsed rectum, and rectocele in addition to her low back strain sustained on _____, but that she did not sustain compensable injuries to her neck, causing headaches, both shoulders, left hip, left leg, right hand, or left middle finger. The hearing officer further determined that claimant had disability from June 18, 1999, through June 24, 1999. Claimant appeals that portion of the hearing officer's decision on the extent-of-injury issue that is adverse to her, contending that the hearing officer states that she had a left hip bruise. The hearing officer actually states in his decision that claimant had a ~~A possible~~ left hip bruise. Dr. H noted that the December 11th examination was negative for lacerations and abrasions. Claimant also contends that she had had disability since June 24, 1999, as a result of her lumbar disc bulges. The hearing officer determined that any non-work status after June 24, 1999, was due to non-compensable medical problems. Carrier appeals that portion of the hearing officer's decision on the extent-of-injury issue that is adverse to it, contending that Dr. HU's opinion is based on an incorrect history. However, Dr. HU's report of June 18, 1999, notes that he was aware that claimant had sneezed and leaked urine. Carrier also appeals the disability determination. The 1989 Act makes the hearing officer the sole judge of the weight and credibility of the evidence. Section 410.165(a). When reviewing a hearing officer's decision, we should set aside the decision only if it is so contrary to the overwhelming weight of the evidence as to be clearly wrong and unjust. Texas Workers=Compensation Commission Appeal No. 950084, decided February

28, 1995. We conclude that the hearing officer's decision is supported by sufficient evidence and that it is not so contrary to the overwhelming weight of the evidence as to be clearly wrong and unjust.

The hearing officer's decision and order are affirmed.

Robert W. Potts
Appeals Judge

CONCUR:

Elaine M. Chaney
Appeals Judge

Judy L. Stephens
Appeals Judge