

## APPEAL NO. 001431

On May 26, 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.* The hearing officer resolved the disputed issues by deciding that the appellant's (claimant) medical problems in his cervical, thoracic, and lumbar regions of his spine and the lateral meniscus tear of his left knee did not result from the claimant's compensable right knee injury. The claimant requests that the hearing officer's decision be reversed and that a decision be rendered in his favor. The respondent (carrier) requests that the hearing officer's decision be affirmed.

### DECISION

Affirmed.

It is undisputed that the claimant sustained a compensable right knee injury on \_\_\_\_\_, and that he has had seven surgeries on his right knee as a result of that injury. In 1992, the claimant had an anterior cruciate ligament reconstruction of the right knee; in August 1994, he had a total right knee replacement; in January 1996, he had a revision of the right knee replacement; in February 1997, he had a repair of a fracture of the patella of the right knee; and in December 1997, he had hardware removed from the right knee. The December 1997 surgery was the last surgery to his right knee.

The claimant said that around the end of 1997 he began to limp; that he still limps; and that, in 1998, he began having pain in his left leg, hip, and low back. In May 1998, Dr. L noted that the claimant had a new complaint of left knee pain and an MRI of the left knee done in July 1998 showed a small tear of the lateral meniscus. Dr. M noted in August 1998 that the claimant had complaints of back pain and a lumbar MRI was done in August 1998. Dr. H wrote in September 1998 that the lumbar MRI showed mild degenerative lumbar facet disease and a small disc bulge at T12-L1. Dr. H noted that the claimant's right leg is about one and one-half centimeters longer than his left leg and prescribed a shoe lift for the claimant's left shoe. Dr. H wrote that the claimant has "pain with leg length inequality, lumbar." The claimant said that he does use a lift in his left shoe. Dr. H noted in April 1999 that the claimant told him that his shoe lift was not helping him and that the claimant continued to have back pain. Dr. H noted that a cervical MRI showed a herniated disc at C5-6.

Dr. M wrote in July 1999 that the claimant had multiple surgeries on his right knee, that he developed an abnormal gait because the right leg ended up significantly shorter than the left, that he now has developed a problem in his left knee with a lateral meniscus tear, that the abnormal torque and stress on that knee (left knee) could have occurred because of the leg length discrepancy, and that the claimant's back problems could also be related to his leg length discrepancy.

Dr. H wrote in September 1999 that the claimant's leg length inequality is secondary to his multiple operations and that he, Dr. H, feels that the claimant's leg length inequality has a definite role in causing a lot of the claimant's back pain and in changing the claimant's gait.

Dr. A, the designated doctor appointed to determine the claimant's impairment rating, reported that she has never seen pain in the knee secondary to a leg length discrepancy; that she has seen low back pain secondary to a leg length discrepancy, but that that corrects itself within a few weeks of using a shoe lift; and that "this is another reason why I believe that this is not the case on [the claimant] since he has been using his lifts for 9 months and there has not been any change in his symptoms."

Dr. C reviewed the claimant's medical records at the carrier's request and he reported that the claimant's leg length discrepancy of one and one-half centimeters is barely more than one-half inch and is not a significant leg length discrepancy; that it would be highly improbable that that minimal leg length discrepancy would result in back discomfort or left knee problems; that it would not be possible for the right leg length discrepancy to cause a cartilage tear in the left knee; that the lumbar MRI showed degenerative disc disease; that a leg length discrepancy would not cause degenerative disc disease; that low back pain secondary to muscle imbalance from a leg length discrepancy is quickly remedied by a heel lift; and that because the claimant's heel lift did not stop his back symptoms, that indicates that the claimant's complaints are not secondary to a leg length discrepancy which resulted in an altered gait.

The hearing officer decided that the claimant's medical problems in his cervical, thoracic, and lumbar regions of his spine and his lateral meniscus tear of his left knee are not the result of his compensable right knee injury. There is conflicting evidence in this case regarding the extent of the claimant's compensable injury. As the trier of fact, the hearing officer resolves the conflicts in the medical evidence. The hearing officer is the sole judge of the weight and credibility of the evidence. Section 410.165(a). 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. We find no reversible error in the hearing officer's ruling excluding the claimant's records of his drug prescriptions.

The hearing officer's decision and order are affirmed.

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Robert W. Potts  
Appeals Judge

CONCUR:

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Susan M. Kelley  
Appeals Judge

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Gary L. Kilgore  
Appeals Judge