

APPEAL NO. 011847  
FILED SEPTEMBER 19, 2001

This appeal arises pursuant to the Texas Workers' Compensation Act, TEX. LAB. CODE ANN. § 401.001 *et seq.* (1989 Act). A contested case hearing (CCH) was held on June 6, 2001. The record closed on June 28, 2001. The hearing officer determined that the respondent (claimant) reached maximum medical improvement (MMI) on June 8, 1996, and that her impairment rating (IR) is 29%. The appellant (carrier) appealed, arguing that the designated doctor's first certification that MMI was reached on January 18, 1995, with an IR of 11%, should be accepted; that the hearing officer does not have authority to issue the interlocutory order which he issued; and that it was not proper for the hearing officer to order that interest be paid. The claimant urges that the decision and order of the hearing officer be affirmed, but that the interlocutory order be reversed so that the claimant can receive a lump sum payment for past due and accrued impairment income benefits plus interest.

DECISION

Reversed and remanded.

We remand the case for the sole purpose of compliance with HB2600 amending Section 410.164, effective June 17, 2001. Section 410.164 was amended by the addition of subsection (c), which provides as follows:

- (c) At each [CCH], as applicable, the insurance carrier shall file with the hearing officer and shall deliver to the claimant a single document stating the true corporate name of the insurance carrier and the name and address of the insurance carrier's registered agent for service of process. The document is part of the record of the [CCH].

The procedure for implementing the statutory amendment is set forth in the June 19, 2001, Texas Workers' Compensation Commission (Commission) memorandum to hearing officers, entitled "Required Insurance Carrier Information."

Although the CCH was commenced on June 6, 2001, the hearing officer recites that the record was not closed until June 28, 2001, 11 days after the effective date of the amendment to Section 410.164 and nine days after the hearing officers were sent the memorandum entitled "Required Insurance Carrier Information." Consequently, the required information should have been placed in the decision and delivered to the claimant.

A rehearing on remand is required to obtain this information and admit it into the record.

Pending resolution of the remand, a final decision has not been made in this case. However, since reversal and remand necessitate the issuance of a new decision and order

by the hearing officer, a party who wishes to appeal from such new decision must file a request for review not later than 15 days after the date on which such new decision is received from the Commission's Division of Hearings, pursuant to Section 410.202 (amended June 17, 2001).

---

Michael B. McShane  
Appeals Judge

CONCUR:

---

Judy L. S. Barnes  
Appeals Judge

---

Philip F. O'Neill  
Appeals Judge