APPEAL NO. 021826
FILED SEPTEMBER 3, 2002

This appeal arises pursuant to the Texas Workers' Compensation Act, TEX. LAB. CODE ANN. § 401.001 *et seq*. (1989 Act). A contested case hearing was convened on April 15, 2002, was continued to and concluded on June 10, 2002. The hearing officer determined that the appellant (claimant) did not sustain a compensable injury on _____ (all dates are 2001 unless otherwise noted); that the respondent (self-insured) is relieved of liability under Section 409.002 because the claimant failed to give timely notice to the self-insured and did not have a good cause for failing to do so; and that the claimant did not have disability.

The claimant appealed, essentially on a sufficiency of the evidence basis, emphasizing evidence that supports her position. The self-insured responds, urging affirmance.

DECISION

Affirmed.

The claimant, a cafeteria worker in one of the self-insured's facilities, asserts a compensable injury on _____, when she burned her right arm on a hot oven rack and in jerking her arm back, injured her right elbow and low back. Although the claimant testified that she reported her injury to her supervisor RZ that same day, that fact is hotly disputed. It is undisputed that the claimant continued to work her regular job through the end of the school year, at the end of May, and continued to work 25 to 30 hours a week at a second job until she went to Mexico in mid- or latter-July. The claimant returned to the United States and her employment in early September and the hearing officer found the claimant reported her injury to the self-insured on or about September 10.

The claimant testified that she saw a doctor for her diabetes in May and June and that she saw a doctor in Mexico for various nonwork-related matters. There is no record of arm, elbow, or back complaints in any of those visits. The claimant began seeing a chiropractor, who took her off work, for her arm, elbow, and back conditions on October 8.

Although the hearing officer found that the claimant had serious medical conditions in her right elbow and right arm which may require surgery, she commented that it was problematic for the claimant to go five months, seeing various doctors, claiming increasingly severe pain in her elbow and low back without any documented complaints to the doctors she was seeing. The hearing officer does a comprehensive summary of the medical evidence and identifies some of the inconsistencies and contradictions in the evidence.

The hearing officer is the sole judge of the weight and credibility of the evidence. Section 410.165(a). As the fact finder, the hearing officer was charged with the responsibility of resolving the conflicts and inconsistencies in the evidence and deciding what facts the evidence had established. Texas Employers Insurance Association v. Campos, 666 S.W.2d 286 (Tex. App.-Houston [14th Dist.] 1984, no writ). The hearing officer was acting within her province as the fact finder in resolving the conflicts and inconsistencies in the evidence against the claimant. Nothing in our review of the record reveals that the challenged determinations are so against the great weight of the evidence as to be clearly wrong or manifestly unjust. Cain v. Bain, 709 S.W.2d 175, 176 (Tex. 1986). Accordingly, no sound basis exists for us to disturb those determinations on appeal.

The hearing officer's decision and order are affirmed.

The true corporate name of the insurance carrier is (**a self-insured governmental entity)** and the name and address of its registered agent for service of process is

**CR**
**(ADDRESS)**
**(CITY), TEXAS (ZIP CODE)**.

_____
Thomas A. Knapp
Appeals Judge

CONCUR:

_____
Elaine M. Chaney
Appeals Judge

_____
Susan M. Kelley
Appeals Judge