APPEAL NO. 022537
FILED NOVEMBER 20, 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 held on September 9, 2002. The hearing officer determined that the appellant's (claimant) compensable neck injury does not extend to and include the low back, left carpal tunnel syndrome (CTS), and left ulnar nerve injury.

The claimant in a pro se appeal contends that the ombudsman assisting him failed to present all the medical evidence and that there are discrepancies in his case. The claimant apparently also retained an attorney who, in a timely appeal, requests that we review the entire record and reverse the hearing officer's decision. The respondent (carrier) responds, urging affirmance.

DECISION

Affirmed.

The parties stipulated that the claimant, an operations and maintanence supervisor, sustained a compensable neck injury on _____. The claimant testified how he "was sort of in a trot on the pipe" and "hit a square air . . . valve with the front of [his] hard hat" and was knocked to the ground. The hearing officer summarizes the medical evidence and reports of a number of doctors in some detail in the Statement of the Evidence. The claimant has had cervical spinal surgery, and two lumbar spinal surgeries, as well as left CTS release. It is undisputed that most or much of the disputed medical care was paid for by group health insurance coverage. Much of the medical evidence is in conflict. The hearing officer relies principally on the report of a Texas Workers' Compensation Commission-selected required medical examination doctor who, in a report dated May 14, 2002, was of the opinion that the claimant's compensable neck injury did not include the low back, left CTS, and the left ulnar nerve.

The claimant, in his appeal, contends that certain medical evidence was "left out" but failed to state what was left out and why. The claimant does mention (clinic) and while there are no clinic records as such in evidence, reports from the doctors at the clinic are in evidence. Our review of the record does not indicate any error in the ombudsman's assistance to the claimant in presenting his case. In fact the claimant said that he specifically agreed with the ombudsman's closing argument.

The medical evidence was in conflict and the hearing officer could consider that it was not until nine months after the accident that the claimant's back complaints were documented (and even longer before the other complaints were documented). 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 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 his 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 **TEXAS PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION for Reliance National Indemnity Company, an impaired carrier** and the name and address of its registered agent for service of process is

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9120 BURNET ROAD
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_____
Thomas A. Knapp
Appeals Judge

CONCUR:

_____
Elaine M. Chaney
Appeals Judge

_____
Margaret L. Turner
Appeals Judge