

**MEDICAL CONTESTED CASE HEARING NO. 08015  
M6-08-10529-01**

**DECISION AND ORDER**

This case pursuant to Chapter 410 of the Texas Workers' Compensation Act and Rules of the Division of Workers' Compensation adopted thereunder.

**ISSUES**

A contested case hearing was held on January 4, 2008, to decide the following disputed issue:

Is the preponderance of the evidence contrary to the Independent Review Organization (IRO) decision that 12 sessions of physical therapy to the left shoulder is not reasonable and necessary medical treatment for the compensable injury of \_\_\_\_?

**PERSONS PRESENT**

Claimant appeared and was assisted by ombudsman.

Carrier appeared and was represented by attorney.

**AGREEMENT**

The parties reached an agreement. The agreement resolves only those issues to be decided at this hearing. The agreement does not resolve all issues with regard to this claim and is not a settlement.

In this decision, the Agreement section includes findings of fact, and the Decision section constitutes the conclusions of law.

The Hearing Officer found:

- A. Carrier delivered to Claimant a single document stating the true corporate name of Carrier, and the name and street address of Carrier's registered agent, which document was admitted into evidence as Hearing Officer's Exhibit Number 2.
- B. The Texas Department of Insurance, Division of Workers' Compensation, has jurisdiction to hear this case.
- C. Venue is proper in the (City) Field Office of the Texas Department of Insurance, Division of Workers' Compensation.
- D. On \_\_\_\_, Claimant was the employee of Employer.

The parties agreed as follows:

The parties agree that the preponderance of the evidence is contrary to the IRO decision, and the Claimant is entitled to 10 sessions of physical therapy to the left shoulder as reasonable and necessary medical treatment for the compensable injury of \_\_\_\_.

The Hearing Officer approved the above agreement on January 14, 2008.

**DECISION**

The parties agree that the preponderance of the evidence is contrary to the IRO decision, and the Claimant is entitled to 10 sessions of physical therapy to the left shoulder as reasonable and necessary medical treatment for the compensable injury of \_\_\_\_.

**ORDER**

Carrier is ordered to pay benefits in accordance with this decision, the Texas Workers' Compensation Act and the Commissioner's Rules.

The true corporate name of the insurance Carrier is **TEXAS MUTUAL INSURANCE COMPANY**, and the name and address of its registered agent for service of process is:

**RUSSELL OLIVER, PRESIDENT  
6210 EAST HWY 290,  
AUSTIN, TX 78723.**

Signed this 17th day of January 2008.

**DONALD E. WOODS  
HEARING OFFICER**