

MEDICAL CONTESTED CASE HEARING NO 12092
M6-12-39253-01

DECISION AND ORDER

This case is decided 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 March 22, 2012 to decide the following disputed issue:

Is the preponderance of the evidence contrary to the decision of the Independent Review Organization that Claimant is not entitled to the purchase of one right knee off the shelf brace for the compensable injury of (Date of Injury)?

PARTIES PRESENT

Petitioner/Claimant appeared and was assisted by YG, ombudsman.

Respondent/Carrier appeared and was represented by RT, attorney, who attended by telephone.

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.

The parties agreed as follows:

1. Venue proper in the (City) Field Office of the Texas Department of Insurance, Division of Workers' Compensation.
2. On (Date of Injury), Claimant who was the employee of (Self-Insured), sustained a compensable injury.
3. On (Date of Injury), Employer provided workers' compensation insurance with (Self-Insured).
4. The Independent Review Organization determined that the requested services were not reasonable and necessary health care services for the compensable injury of (Date of Injury).

5. The preponderance of the evidence is contrary to the decision of the Independent Review Organization.
6. Claimant is entitled to the purchase of one right knee off the shelf brace for the compensable injury of (Date of Injury).

DECISION

The preponderance of the evidence is contrary to the decision of the Independent Review Organization. Claimant is entitled to the purchase of one right knee off the shelf brace for the compensable injury of (Date of Injury).

ORDER

Carrier is liable for the benefits at issue in this hearing. Claimant remains entitled to medical benefits for the compensable injury in accordance with §408.021.

The true corporate name of the insurance carrier is **(SELF-INSURED)** and the name and address of its registered agent for service of process is

For service in person, the address is:

**EXECUTIVE DIRECTOR
(SELF-INSURED)
(STREET ADDRESS)
(CITY), TEXAS (ZIP CODE)**

For service by mail, the address is:

**EXECUTIVE DIRECTOR
(SELF-INSURED)
(P.O. BOX)
(CITY), TEXAS (ZIP CODE)**

Signed this 22nd day of March, 2012.

CAROLYN F. MOORE
Hearing Officer