

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 September 14, 2010, with the record closed on December 7, 2010, to decide the following disputed issue:

Is the preponderance of the evidence contrary to the decision of Medical Fee Dispute Resolution Findings and Decision that (Subclaimant), Petitioner, is not entitled to reimbursement in the amount of \$434.43 for the compensable injury of _____?

PARTIES PRESENT

Petitioner failed to appear. Claimant did not appear. Respondent/Carrier appeared and was represented by TW, attorney. In attendance on behalf of the employer was WH, human resource director.

BACKGROUND INFORMATION

Although properly notified, Petitioner and Claimant did not appear for the medical contested case hearing (MCCH) scheduled for 3:30 p.m. on Tuesday, September 14, 2010. Petitioner and Claimant were sent a 10-day letter to allow Petitioner and Claimant the opportunity to respond and offer evidence. Petitioner responded to the 10-day letter, and requested that the MCCH be reconvened to allow Petitioner the opportunity to offer evidence on the disputed issue. Petitioner and Claimant were properly notified that the MCCH would be reconvened at 1:30 p.m. on Tuesday, December 7, 2010. Petitioner and Claimant did not appear for the reconvened MCCH, and the record was closed. Having failed to appear and offer evidence in support of its claim, Petitioner failed to show that it was entitled to the relief that it was seeking.

Even though all the evidence presented was not discussed, it was considered. The Findings of Fact and Conclusions of Law are based on all of the evidence presented.

FINDINGS OF FACT

1. Venue is proper in the (City) Field Office of the Texas Department of Insurance, Division of Workers' Compensation.
2. On _____, Claimant was the employee of (Self-Insured), Employer.
3. Claimant sustained a compensable injury on _____.
4. The Division sent a single document stating the true corporate name of the Carrier, and the name and street address of the Carrier's registered agent with the 10-day letter to

Petitioner at its address of record. That document was admitted into evidence as Hearing Officer's Exhibit Number 2A.

5. The Division sent a single document stating the true corporate name of the Carrier, and the name and street address of the Carrier's registered agent with the 10-day letter to Claimant at her address of record. That document was admitted into evidence as Hearing Officer's Exhibit Number 2B.
6. Although properly notified, Petitioner and Claimant did not appear for the medical contested case hearing scheduled for September 14, 2010, or the reconvened medical contested case hearing scheduled for December 7, 2010.
7. No evidence was received that Petitioner had good cause for failing to appear for the medical contested case hearing scheduled for September 14, 2010, or the reconvened medical contested case hearing scheduled for December 7, 2010.
8. No evidence was received that the preponderance of the evidence is contrary to the decision of Medical Fee Dispute Resolution Findings and Decision that (Subclaimant), Petitioner, is not entitled to reimbursement in the amount of \$434.43 for the compensable injury of _____.

CONCLUSIONS OF LAW

1. The Texas Department of Insurance, Division of Workers' Compensation has jurisdiction to hear this case.
2. Venue is proper in the (City) Field Office.
3. The preponderance of the evidence is not contrary to the decision of Medical Fee Dispute Resolution Findings and Decision that (Subclaimant), Petitioner, is not entitled to reimbursement in the amount of \$434.43 for the compensable injury of _____.

DECISION

(Subclaimant), Petitioner, is not entitled to reimbursement in the amount of \$434.43 for the compensable injury of _____.

ORDER

Carrier is not liable for the reimbursement at issue in this hearing. Claimant remains entitled to medical benefits for the compensable injury of _____, in accordance with the Texas Labor Code §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:

**SUPERINTENDENT
(STREET ADDRESS)
(CITY), TEXAS (ZIP CODE)**

Signed this 20th day of December, 2010.

Wes Peyton
Hearing Officer