APPEAL NO. 950254

This appeal arises under the Texas Workers' Compensation Act, TEX. LAB. CODE ANN. § 401.001 *et seq.* (1989 Act). On January 17, 1995, a contested case hearing was held in (city), Texas, with (hearing officer) presiding as hearing officer to consider the single issue of the extent of appellant's (claimant) compensable injury of (date of injury). The hearing officer determined that claimant is not entitled to medical benefits under the 1989 Act for her current treatment, because the physical condition it is redressing is not part of her compensable injury. Claimant's appeal argues that the hearing officer's determination is against the great weight of the evidence. Respondent's (carrier) response urges affirmance on the basis of the sufficiency of the evidence.

DECISION

We affirm.

It is undisputed that claimant sustained a compensable injury on (date of injury), in the course and scope of her employment with (employer). Claimant stated that on that day, as she pushed some heavy curtains out of the way to make room for a pair that she had just finished sewing, she felt a sharp pain in her left forearm. Claimant initially saw (Dr. TS), her family doctor, for her injury. In a notation of (date of injury), Dr. TS describes the injury as "a strain of the flexor flexion tendons on the job." In notes of August 2, 1993, Dr. TS refers to tendinitis of the left wrist and carpal tunnel syndrome. On August 13, 1993, Dr. TS referred claimant to (Dr. MS).

The initial record from Dr. MS concerns an office visit of August 26, 1993, and diagnoses "left flexor tenosynovitis". A report dated September 9, 1993, notes that Dr. MS initially diagnosed tenosynovitis; however, the doctor's impression in that report changes to "mild carpal tunnel syndrome, left." Nerve conduction studies of September 17, 1993, conducted by (Dr. E) were normal. In light of those studies, Dr. MS states in a September 30, 1993, report that he "suspect[s] [that claimant] has mild carpal tunnel syndrome" and that "she is having a definite component of tenosynovitis". Thus, his impression is again listed as "flexor tenosynovitis". Dr. MS also released claimant to full duty with no work restrictions following the September 30th appointment. Prior thereto, she had been released to return to work with a production restriction of 300 pairs of curtains, rather than her usual production rate which was stated to be either 400 or 600 pairs. In October 1993, claimant moved from (city) to (city) and voluntarily left her employment with employer.

Claimant testified that when she moved to (city) she was told by Dr. MS and carrier that she could not transfer to another doctor and that she would have to continue treatment with Dr. MS in (city) or carrier would deny payment for medical treatment. Carrier's adjuster, (Ms. D), who handled claimant's claim denied that she or any other representative of the carrier ever told claimant that she could not change her treating doctor when she moved. In any event, during the period of time claimant lived in (city), October 1993 to July

1994, she sought medical treatment on only one occasion from (Dr. P), an associate of Dr. MS in (city). In notes from an office visit of November 26, 1993, Dr. P provides:

[Claimant] was seen in the office today in follow up for significant problems with flexor tenosynovitis; and mild associated carpal tunnel syndrome. I saw her today in Dr. [MS's] absence. Since her last evaluation, she has had recurrent problems with numbness and pain in her hands and forearms. However, her EMG studies were completely normal.

Dr. P placed claimant on a carpal tunnel prevention program, which included home therapy and gave her an injection in the left carpal canal.

After she moved back to (city), claimant again sought treatment with Dr. MS. In a report of August 30, 1994, Dr. MS notes that claimant "still has problems with her left upper extremity with pain on the flexor side of her arm" in conjunction with paresthesias, which Dr. MS stated made him "suspicious of the pathology not being at the carpal tunnel, but more so in the pronator tunnel area". Thus, he added possible pronator tunnel syndrome to his impressions of possible carpal tunnel syndrome and flexor tenosynovitis.

On October 5, 1994, claimant had an appointment with (Dr. M), complaining of neck and left arm pain. Claimant stated at the hearing that her neck pain had preceded the compensable injury and that she was not alleging that it was related to or the result of the compensable injury. With respect to the left arm pain, Dr. M diagnosed probable bilateral carpal tunnel syndrome and left lateral epicondylitis. Dr. M stated that in light of the "very obvious lateral epicondylitis," he injected claimant's left elbow with resulting minimal relief. In follow-up notes of October 31, 1994, Dr. M notes that claimant "states that her left sided lateral epicondylitis is markedly improved after injection." On November 30, 1994, Dr. E conducted a second series of nerve conduction testing which was also reported as normal. In a treatment note of January 10, 1995, Dr. MS acknowledges and concurs in Dr. M's diagnosis of lateral epicondylitis.

On the issue of whether claimant's current condition in her arm, left lateral epicondylitis, is causally related to her compensable injury, two doctors provided opinions. Carrier had (Dr. T) conduct a records review to provide an opinion on causation and the need for further treatment. Dr. T 's opinion is reported in a document dated December 16, 1994:

> While this patient might or could have had symptoms and possibly findings consistent with carpal tunnel syndrome in the distant past when she was working for the [employer], there is absolutely no evidence of any such continuing pathology as of the time of Dr. [E's] workup. Furthermore, there was never any substantive evidence of pronator syndrome in the past, and there is absolutely no evidence of such a condition at the present time.

There does not appear to be any basis for an ongoing workmens compensation claim in this patient. Requests for further care should be denied based upon the absence of any ongoing pathology.

Dr. P, who examined claimant on one occasion in November 1993 in Dr. MS's absence, answered a deposition on written questions in December 1994 as follows:

Q:Is [Claimant's] need for current medical care, within reasonable medical probability, a natural result of her (date of injury) injury?

A:Yes.

No opinion on the causal connection, if any, between claimant's current condition and her compensable injury was offered from either Dr. MS or Dr. M.

Under the 1989 Act, the claimant has the burden of proving the extent of her injury. Texas Workers' Compensation Commission Appeal No. 94232, decided April 11, 1994. That question is one of fact to be resolved by the hearing officer. The hearing officer is the sole judge of the weight, credibility, relevance and materiality of the evidence. Section 410.165(a). As the fact finder, the hearing officer is charged with the responsibility for resolving the conflicts in the evidence, including the medical evidence. Texas Employers Insurance Association v. Campos, 666 S.W.2d 286 (Tex. App.-Houston [14th Dist.] 1984, no writ). To that end, the hearing officer can believe all, part, or none of the testimony of any witness and can properly decide what weight to assign to the other evidence before him. Campos, *supra*. We will not substitute our judgment for that of the hearing officer where his determinations are supported by sufficient evidence. Pool v. Ford Motor Co., 715 S.W.2d 629, 635 (Tex. 1986).

In this instance, the hearing officer determined that claimant's cervical condition and her left lateral epicondylitis were not the result of her (date of injury), compensable injury. Initially, we note that claimant specifically stated at the hearing that she was not alleging that the cervical injury was related to the compensable injury and that she was not seeking reimbursement from the carrier for treatment she received for her cervical condition. Instead, claimant sought to have carrier pay for the treatment she was receiving for her epicondylitis, which to this point appears to have been an injection in the elbow. There was conflicting evidence from Dr. P and Dr. T on the issue of whether the epicondylitis resulted from the compensable injury. It was for the hearing officer to resolve that conflict. Our review of the record indicates that there was sufficient evidence to permit the hearing officer to resolve the testimony and evidence in favor of a determination that claimant's current condition in her arm, epicondylitis, was not causally related to the compensable injury. That determination is not so against the great weight and preponderance of the evidence as to be clearly wrong and manifestly unjust. Accordingly, no basis exists for reversing the hearing officer's decision and order on appeal. Cain v. Bain, 709 S.W.2d 175, 176 (Tex. 1986).

Much of claimant's appeal takes issue with the hearing officer's factual determination that her compensable injury was a "left hand" injury. Claimant maintains that her injury was to the flexor tendons of her left forearm. Specifically claimant states in her appeal:

> Nowhere in the medical records does any doctor say that she had an injury to her left hand. All of the medical records describe her injury as being to the left wrist and/or forearm which, when properly understood, is to be the location of the tendons that transmit the force required to flex or dorsiflex the left wrist. That was the nature of her injury on (date of injury) and it is the location of the symptoms for which she seeks treatment today.

It appears that claimant's argument in this regard is premised upon a misinterpretation of the hearing officer's decision. In finding that claimant sustained a hand injury, we believe that the hearing officer was drawing a distinction between the hand/wrist area which was the focus of the early treatment and the elbow area which is now the focus of treatment, given the diagnosis of epicondylitis. The hearing officer's decision in this case does no more than determine that the epicondylitis is not part of the compensable injury. It does not serve to change the nature of the compensable injury, which, as claimant notes, was diagnosed as either carpal tunnel syndrome or tenosynovitis in the tendons of the left forearm that permit flexion of the wrist. Thus, although the hearing officer's use of the phrase "hand injury" as opposed to "wrist/forearm injury" may be somewhat confusing, we cannot agree with claimant's assertion that it changes the nature of the compensable injury, for which claimant is entitled to lifetime medical benefits.

The decision and order of the hearing officer are affirmed.

Robert W. Potts
Appeals Judge

CONCUR:

Stark O. Sanders, Jr.
Chief Appeals Judge

Alan C. Ernst
Appeals Judge