

APPEAL NO. 211751
FILED DECEMBER 22, 2021

This appeal arises pursuant to the Texas Workers' Compensation Act, Tex. Lab. Code Ann. § 401.001 *et seq.* (1989 Act). A contested case hearing (CCH) was held on October 5, 2021, in (city), Texas, with (administrative law judge) presiding as the administrative law judge (ALJ). The ALJ resolved the disputed issues by deciding that: (1) the compensable injury sustained on (date of injury), does not extend to reflex sympathetic dystrophy syndrome (RSD), complex regional pain syndrome (CRPS), peripheral polyneuropathy, or nerve injury; (2) the appellant (claimant) reached maximum medical improvement (MMI) on February 4, 2021; (3) the claimant's impairment rating (IR) is zero percent; (4) the claimant had disability as a result of the compensable injury beginning June 30, 2020, and continuing through August 10, 2020; and (5) the claimant did not have disability as a result of the compensable injury beginning August 11, 2020, and continuing through the date of the CCH.

The claimant appealed, disputing the ALJ's determinations of extent of injury, MMI, IR, and that portion of the disability determination that was not favorable to him. The respondent (carrier) responded, urging affirmance of the disputed determinations. The ALJ's determination that the claimant had disability as a result of the compensable injury beginning June 30, 2020, and continuing through August 10, 2020, was not appealed and has become final pursuant to Section 410.169.

DECISION

Reversed and remanded for reconstruction of the record.

The parties stipulated, in part, that the claimant sustained a compensable injury on (date of injury), in the form of at least right lower leg lacerations, right lower leg abrasions, and right lower leg contusions and (Dr. L) was appointed by the Texas Department of Insurance, Division of Workers' Compensation (Division) as the designated doctor to address the issues of MMI and IR. The claimant testified that he was injured on (date of injury), when he was loading a rack full of trays, and the rack tilted towards him, causing trays to fall out and hit him. The claimant then fell backwards striking his right leg on a metal bar.

The ALJ's decision states that claimant's exhibits 1 through 10 were admitted into evidence. The decision and order notes that claimant's exhibit 3, page 3 was intended to be blank. However, a further error in the claimant's exhibits was found after review. The claimant's exhibit list states that exhibit 8 contains 15 pages; however, the file forwarded to us only contains 14 pages, with page 14 missing. Because the record

is incomplete, it must be remanded for the addition or reconstruction of the missing exhibits. See Appeals Panel Decision (APD) 030543, decided April 18, 2003.

Pending resolution of the remand, a final decision has not been made in this case. However, since reversal and remand necessitate the issuance of a new decision and order by the ALJ, a party who wishes to appeal from such new decision must file a request for review not later than 15 days after the date on which such new decision is received from the Division, pursuant to Section 410.202 which was amended June 17, 2001, to exclude Saturdays and Sundays and holidays listed in Section 662.003 of the Texas Government Code in the computation of the 15-day appeal and response periods. See APD 060721, decided June 12, 2006.

The true corporate name of the insurance carrier is **INDEMNITY INSURANCE COMPANY OF NORTH AMERICA** and the name and address of its registered agent for service of process is

**CT CORPORATION SYSTEM
1999 BRYAN STREET, SUITE 900
DALLAS, TEXAS 75201-3136.**

Margaret L. Turner
Appeals Judge

CONCUR:

Cristina Beceiro
Appeals Judge

Carisa Space-Beam
Appeals Judge