MAXIMUS Federal Services

| Case Number: | CM13-0001024 | | |
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| Date Assigned: | 04/16/2014 | Date of Injury: | 05/17/2013 |
| Decision Date: | 06/09/2014 | UR Denial Date: | 06/26/2013 |
| Priority: | Standard | Application Received: | 07/08/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Clinic note dated 02/25/2014 reports the patient complains of mid-back pain and low back pain that radiates into the left lower extremity to the foot with associated numbness and tingling. He is also complaining of headaches that start in the front, around his temple area and move to the back of his head. He complains of forgetfulness, lack of concentration, mood swings, difficulty sleeping, and difficulty with his appetite. His headaches can increased to a worst of 10/10 pain level spontaneously and will improve to 0/10 with the upper extremities of Norco. He is also complaining of right shoulder pain that radiates into the right upper extremity and to the right wrist and right thumb, middle and ring fingers. This can increase to a worst of 8/10 level with using his cane with ambulation for prolonged periods of time and will improve to a best of 10/10 with the use of Norco and Soma. The patient is diagnosed with 1) Closed head injury, concussion, post-concussive syndrome 2) Cervical sprain/strain versus cervical radiculopathy 30 Thoracic sprain/strain versus thoracic radiculopathy and 4) Lumbar sprain/strain versus lumbar radiculopathy.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**TRANSPORTATION TO THE 6 PHYSICAL THERAPY APPOINTMENTS BEGINNING ON 6/28/2013 QUANTITY: 6.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Transportation Section.

**Decision rationale:** The Official Disability Guidelines (ODG) state transportation (to & from appointments) is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. According to the ACOEM guidelines, "To optimize the chances of success, the patient's family or support system must be enlisted in the recovery effort. Co-dependent or enabling behavior will markedly impede the recovery effort." The patient does not suffer from physical disabilities that would prevent him from self-transport. According to the 10/29/13 medical report, the patient reported car trouble, and having to take public transportation. It is reasonable that the patient can use public transportation and if available, enlist family members or friends to assist in providing transportation. Regardless, the request for transportation is not medically necessary in this case.

**TRANSPORTATION TO A FOLLOW UP MEDICAL APPOINTMENT ON 7/11/2013 QUANTITY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Transportation Section.

**Decision rationale:** The Official Disability Guidelines (ODG) state transportation (to & from appointments) is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. According to the ACOEM guidelines, "To optimize the chances of success, the patient's family or support system must be enlisted in the recovery effort. Co-dependent or enabling behavior will markedly impede the recovery effort."The patient does not suffer from physical disabilities that would prevent him from self-transport. According to the 10/29/13 medical report, the patient reported car trouble, and having to take public transportation. It is reasonable that the patient can use public transportation and if available, enlist family members or friends to assist in providing transportation. Regardless, the request for transportation is not medically necessary in this case.