

<b>Case Number:</b>	CM13-0019100		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/20/1997
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

The patient is a 60 year old female who reported an injury on 05/20/1997. The patient is diagnosed as status post right shoulder arthroscopy with Mumford procedure, status post right knee arthroscopy, cervical spine sprain and strain with right upper extremity radiculopathy, and status post C5-6 discectomy and foraminotomy. The patient was seen on 06/12/2013. The patient has not been able to attend postoperative therapy secondary to transportation issues. Physical examination was not provided. Treatment recommendations included a request for authorization for transportation to and from appointments for doctors and physical therapy for the next 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation services to and from doctors and Physical Therapy Appointments x 6 weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation to and from appointments.

**Decision rationale:** Official Disability Guidelines recommend transportation to and from appointments for medically necessary transportation to appointments in a same community for patients with disabilities preventing them from self transport. There was no physical examination provided on the requesting date of 06/12/2013. A previous examination on 05/21/2013 only revealed tenderness to palpation with decreased range of motion of the right shoulder. Documentation of significant disabilities affecting the patient's ability to self transport was not provided. There is also no evidence that this patient cannot travel by public and/or private means. There is no indication that this patient is unable to obtain assistance from outside resources, such as family. Based on the clinical information received, the medical necessity has not been established. As such, the request is non-certified.