MAXIMUS Federal Services

Case Number:	CM13-0022781		
Date Assigned:	04/25/2014	Date of Injury:	01/01/1999
Decision Date:	07/04/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/11/2013

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 Internal Medicine and Pulmonary Diseases 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:

The injured worker is a 78 year old female with an injury reported on 01/01/1999. The mechanism of injury was not provided within the clinical notes. The clinical note dated 09/17/2013, reported that the injured worker complained of tenderness to the back of the cervical spine. The physical examination findings reported range of motion to her cervical spine demonstrated extension to 20 degrees, flexion to 20 degrees, right rotation to 35 degrees and left rotation to 30 degrees. It was reported that the injured worker has been able to drive short distances near her home. The injured worker's diagnoses included left total shoulder glenoid revision 01/28/2013. The request for authorization was submitted on 09/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED TRANSPORTATION ASSISTANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Transportation (to & from appointments).

Decision rationale: The Official Disability Guidelines recommend medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. It was noted that the injured worker is able to drive short distances near her home, and it was reported that the provider's office is 25 miles from her home. It was also noted in the provided documentation that the injured worker needs help with longer driving. The specific distance for longer driving was not provided. The rationale for transportation is unclear, as documentation shows the injured worker presently drives. Furthermore, it is unclear if the provider's office is within the same community as the injured worker. There is a lack of information provided to warrant medical necessity for transportation assistance, thus, the request is not medically necessary.