

Case Number:	CM13-0038237		
Date Assigned:	12/18/2013	Date of Injury:	02/29/2012
Decision Date:	02/21/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/30/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 claimant is a 44 year old male with a stated date of injury of 2/29/2012. According to medical record reviewed, the claimant stated that as he was walking with an electric pallet-jack and it suddenly stopped. It pulled him back and pulled his left arm and neck. He was seen then at [REDACTED]. According to DWC Form RFA dated 9/11/13 by [REDACTED], the patient was diagnosed with industrially related disc protrusions with critical stenosis of cervical spine, myeloradiculopathy, and myelomalacia. Anterior cervical decompression and fusion at C3-4, C4-5, and C5-6; assistant surgeon; Internal medicine clearance; 2-3 days Inpatient hospitalization; cervical brace; postoperative physical therapy of 36 visits; home health evaluation; and transportation to and from surgery were requested. According to Primary Treating Physician's Supplemental Report dated 9/6/13 by [REDACTED], the patient complained of continuous and severe cervical spine pain, which radiated to the bilateral upper extremities. There was no smoking history and recent psychological evaluation documented in the clinical records submitted. On examination cervical spine range of motion revealed flexion at 30/50 degrees. extension at 30/60 degrees, right rotation at 45/80 degrees, left rotation at 35/80 degrees, right lateral bend at 20/45 degrees and left lateral bend at 10/45 degrees. Spurling's test was positive, bilaterally. Hoffman's test was positive to the left and negative to the right. Upper extremity motor weakness was noted in the bilateral deltoid, biceps and wrists extensor motor groups at 4/5. Sensory deficit was noted over the bilateral C5-C6 dermatomes. Deep tendon reflexes were diminished in the bilateral biceps and brachioradialis reflexes at 1-. The triceps reflexes were 2+, bilaterally. Clonus was absent. [REDACTED] reflexes were down going bilaterally. Romberg's test was negative. Heel-to-toe testing was normal. Tandem gait was normal. The patient's height an

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Knee and Leg Chapter- Transportation (to & from appointments) and Other Medical Treatment Guideline or Medical Evidence: State of Rhode Island Department of Health and Human Services.

Decision rationale: The medical record documentation does not provide information regarding home/social circumstances, physical impairments or extenuating medical circumstances that would require transportation to and from surgery. Therefore the request for Medical Transportation thru and from surgery is not medically necessary. CA MTUS (Effective July 18, 2009) is mute on this topic. ODG-TWC-Knee and Leg Section: Transportation (to & from appointments): Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport (CMS, 2009). [REDACTED] medical policy regarding Non-Emergency Medical Transportation states: Non-emergency medical transportation is covered when the recipient has no other means of transportation, no community resource exists and transportation by any other means would endanger the individual's health. Non-emergency medical transportation may require a written statement by the recommending physician. This statement must include the recipient's medical condition that prevents them from taking public transportation and why non-emergency medical transportation is required.