

<b>Case Number:</b>	CM13-0042030		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/15/2003
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Internal Medicine & 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 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 47-year-old female who reported an injury on 10/15/2003. The patient is diagnosed as status post ulnar transposition, left shoulder arthroscopy, left wrist TFCC tear, and cervical sprain and strain. The patient was seen by [REDACTED] on 07/24/2013. Physical examination revealed tenderness to palpation of the cervical spine, decreased range of motion in all planes, and swelling in the left pectoral region. Treatment recommendations included a follow-up with a neurosurgeon, continuation of current medications, and request for medical transportation to all medical appointments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown transportation to all medical appointments:** 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:** 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 & from appointments).

**Decision rationale:** Official Disability Guidelines state transportation to and from appointments is recommended for medically necessary transportation to appointments in the same community

for patients with disabilities preventing them from self transport. As per the clinical notes submitted, there is no indication that this patient is unable to perform self transport. It is noted the patient is able to utilize public transportation when she is unable to find assistance from outside resources. Given that the patient does have options for assistance from outside resources and public transportation, the current request for transportation to and from appointments appears to be personal preference, and cannot be considered a medical necessity. Based on the clinical information received, the request is non-certified.