

Case Number:	CM13-0043960		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2008
Decision Date:	04/24/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/26/2013

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 & Rehabilitation, and is licensed to practice in Texas. 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 patient is a 45-year-old female who reported injury on 06/01/2008. The mechanism of injury was a trip and fall while teaching aerobics. The patient had been treated with medications, home health care, work restrictions, acupuncture, chiropractic treatment, and home exercises, a shoulder surgery, physical therapy, cortisone injections, and assistive devices as well as the patient was receiving transportation. The request was made for continued transportation and continued home care indefinitely. The patient's diagnoses included headaches occipital neuralgia, cervical spine sprain/strain, mild complex regional pain syndrome of the left upper extremity, lumbar disc disease, lumbar radiculopathy and facet syndrome as well as sprain and strain and status post left shoulder arthroscopy. The request was made for continued transportation to and from all doctor's appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSPORTATION TO AND FROM ALL DOCTOR'S APPOINTMENTS: 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, Knee & Leg Chapter, section on Transportation.

Decision rationale: Official Disability Guidelines recommend transportation for medically necessary appointments in the same community for patients with disabilities preventing them from self-transport. There was lack of documentation indicating the patient had a disability preventing self-transportation. The clinical documentation submitted for review failed to indicate the patient had no family member or other support system that could take her to doctor's appointments. The request, as submitted, failed to indicate the duration and rationale for the transportation. Given the above, the request for transportation to and from all doctor's appointments is not medically necessary and appropriate