

Case Number:	CM13-0055701		
Date Assigned:	12/30/2013	Date of Injury:	08/23/2005
Decision Date:	06/16/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/21/2013

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 Family Medicine and is licensed to practice in Arizona. 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 55 year old male with cumulative work related trauma to the left shoulder from 1990 to August 23, 2005. The patient underwent arthroscopic shoulder surgery on November 26, 2013. The patient has diagnoses of status post left shoulder arthroscopic subacromial joint decompression and debridement of the glenoid labrum, cervical spine sprain and strain with radiculitis and severe spondylosis. Subjective complaints are of left shoulder discomfort and follow-up status post-surgery. Physical exam shows left shoulder decreased range of motion, well healed surgical scar, and no evidence of infection. Submitted documentation indicates that the patient lives alone and has nobody available for assistance, and attempting to drive would risk re-injury to the shoulder. Request is for pre-operative and post-operative transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE AND POST-OPERATIVE TRANSPORTATION TO APPOINTMENTS PER 10/23/13 FORM: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guide (ODG), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guide KNEE, TRANSPORTATION.

Decision rationale: The ODG recommends medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. For this patient, documentation supports that patient does not have anyone to help with transportation, and driving could endanger the patient and could contribute to re-injury. Therefore, the request for transportation is medically necessary.