

Case Number:	CM13-0063756		
Date Assigned:	05/07/2014	Date of Injury:	09/21/2007
Decision Date:	06/12/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/11/2013

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 & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 48 year-old with a date of injury of 09/21/07. A progress report associated with the request for services, dated 09/19/13, identified subjective complaints of low back, right wrist, and left shoulder pain. Activities of daily living with no limitation include cooking and grooming. Objective findings included crepitus of the shoulder. There was pain with range-of-motion of the cervical spine. Motor, sensory function, and reflexes were normal. Diagnoses included right rotator cuff syndrome; left carpal tunnel syndrome; lumbar radiculopathy; and major depression. Treatment has included oral analgesics and antidepressants. A Utilization Review determination was rendered on 11/13/13 recommending non-certification of "round trip transportation for FRP and ongoing md appts as needed".

IMR ISSUES, DECISIONS AND RATIONALES

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

ROUND TRIP TRANSPORTATION FOR FRP AND ONGOING MD APPTS AS NEEDED: 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) Knee & Leg, Transportation (to & from appointments).

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 Medical Treatment Utilization Schedule (MTUS) does not address transportation to appointments. The Official Disability Guidelines (ODG) state that for patients with knee and lower leg disorders, it is recommended for medically-necessary appointments in the same community for patients with disabilities preventing them from self transport. The same recommendations are not listed in their chronic pain or low back section. In this case, the claimant does not have a knee or lower leg disorder. Likewise, there is no specific documentation of inability to self transport. Therefore, request is not medically necessary.