

Case Number:	CM13-0064241		
Date Assigned:	01/03/2014	Date of Injury:	04/23/2013
Decision Date:	06/04/2014	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 Orthopedic Surgery 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 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 49 year old female who was injured on 04/23/2013. The mechanism of injury is unknown. PR-2 dated documented the patient to have complaints of neck pain with burning, pins and needles sensations. She rated the neck pain 9/10 on the pain scale. Activities or movements such as bending, lifting 25 pounds, standing, sitting, and sleeping tend to aggravate or increase neck pain. Constant dull achy left shoulders pain with burning, pins and needles sensation. She rated the shoulder pain at 9/10. Activities or movements such as lifting, pulling, pushing, and overhead reaching tend to aggravate or increase her bilateral shoulders pain. As well as constant sharp achy left elbow pain with burning pins and needles sensation. She rated the elbow pain 9/10. Activities or movements such as lifting, pulling, pushing, flexing, extending, tend to aggravate or increase her elbow pain. Wrist pain that is constant with burning pins and needles sensation and numbness radiated to bilateral hands. She rated her pain 9/10 for bilateral wrists. Activities or movements such as lifting, pushing, pulling, repetitive typing, gripping, grasping and twisting tend to increase or aggravate her wrists pain. Objective findings on exam revealed upon palpation there was tenderness found at the left cervical spine extensors. At the bilateral SITS at the left medial and lateral epicondyle. Diagnoses: Chronic cervical pain, chronic cervical muscles spasm, chronic cervical radiculopathy, and chronic rotator cuff syndrome, right.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSPORTATION TO/FROM HOSPITAL: 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 (ODG), KNEE AND LEG, TRANSPORTATION TO & FROM APPOINTMENTS, (THERE IS NO INDICATION FOR TRANSPORTATION IN THE OTHER SECTIONS OF THE ODG).

Decision rationale: The ODG states 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. There is no indication in the medical records provided that the patient is unable to obtain proper transportation to and from the hospital. The records document the patient does not live alone and may have alternate transportation (06/05/2013 visit note). Based on the documentation and guidelines referenced, the request is not medically necessary.