

Case Number:	CM13-0072046		
Date Assigned:	01/08/2014	Date of Injury:	07/10/2007
Decision Date:	04/15/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 Practice, 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:

he patient is a 50-year-old female who reported an injury on 07/10/2007. The mechanism of injury was not stated. The patient is currently diagnosed as status post bilateral carpal tunnel release, tendonitis in the right shoulder, frozen right shoulder, status post anterior cervical discectomy and fusion in 2011, lumbar spine sprain, and bilateral knee internal derangement. The patient was seen by [REDACTED] on 11/04/2013. The patient had completed 12 sessions of physical therapy. The patient reported ongoing neck pain with numbness and tingling. Physical examination was not provided on that date. Treatment recommendations included transportation to and from appointments as well as housekeeping and attendant care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to doctor appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletins Number: 0218, Home Health Aides Policy.

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 and 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 documentation submitted, there was no physical examination provided on the requesting date of 11/04/2013. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit that prevents this patient from self transport. There is no mention of a contraindication to public transportation. The medical necessity has not been established. Therefore, the request is non-certified.