

<b>Case Number:</b>	CM14-0008411		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	03/23/2009
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Occupational Medicine, 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 54-year-old female who has submitted a claim for Neuropathic Pain, Chronic Pain Syndrome, Depression, Anxiety, and Insomnia associated with an industrial injury date of March 23, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient was status post left shoulder surgery on September 25, 2013 and had developed DVT of the left upper extremity. On physical examination, there was tenderness of her left anterior shoulder. Gait was normal. Treatment to date has included medications, left shoulder surgery, and physical therapy. Utilization review from December 27, 2013 denied the request for transportation to all medical appointments because each authorization request for such transportation must be accompanied by either a prescription or order signed by a physician, which describes the medical reasons necessitating the use of non-emergency medical transportation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSPORTATION TO ALL MEDICAL APPOINTMENTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg, Transportation (To and 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 and From Appointments).

**Decision rationale:** CA MTUS does not specifically address transportation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the request for transportation to all medical appointments was made because the patient was having difficulty coming to her appointments since she was no longer driving, and that she had been asking friends to bring her to her appointments. The medical records showed that the patient had developed DVT of the upper extremity, which may have hindered her ability to drive. Thus, the medical necessity for transportation has been established. However, the present request failed to specify a limited duration of time necessitating such service. Although transportation services may be appropriate at this time, frequent evaluation of patient's impairments and activity limitations is needed to determine extension of services. Therefore, the request for TRANSPORTATION TO ALL MEDICAL APPOINTMENTS is not medically necessary.