

Case Number:	CM14-0008540		
Date Assigned:	02/12/2014	Date of Injury:	04/02/1998
Decision Date:	06/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of April 2, 1998 to June 23, 2010. A utilization review determination dated January 3, 2014 recommends non-certification of transportation. November 15, 2013 medical report is mostly illegible. Exam findings appear to include bilateral Tinel's and Phalan's with sensory loss in the median nerve distribution. Treatment plan included continued transportation to and from medical appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE TRANSPORTATION TO AND FROM ALL MEDICAL APPOINTMENTS FOR THE NEXT SIX (6) MONTHS: 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 Other Medical Treatment Guideline or Medical Evidence: www.dhcs.ca.gov/services/medi-cal

Decision rationale: California MTUS and ODG do not address the issue. The California Department of Health Care Services support transportation when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is

medically contraindicated. Within the documentation available for review, there is no rationale identifying that both public and private transportation is contraindicated for this patient. The request to continue transportation to and from all medical appointments for the next six months is not medically necessary or appropriate.