

<b>Case Number:</b>	CM14-0009929		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Medicine, and is licensed to practice in Minnesota. 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 injured worker is a 48-year-old male who reported an injury on 10/11/2011; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 2/17/14, it was revealed that the injured worker was attending physical therapy for his left shoulder and was unable to complete physical therapy due to a lack of transportation. The injured worker was unable to attain transportation because he could not drive post spinal fusion and left shoulder surgery. The notes further stated that the injured worker did not have family to take him, so he was continuing with a home exercise program with his pre-existing. The injured worker complained of pain in the lumbosacral area with weakness in the left lower extremity with some atrophy. The injured worker also complained of some right shoulder pain and was using a cane for ambulation. The physician stated within the physical exam that the injured worker had functional limitations of the left shoulder, of the lumbosacral area with radiation down the left leg, atrophy of the left leg, and continued problems with cervical spine and headaches. The physician rated the injured worker with moderate problems with activities of daily living. It was also noted that the injured worker has a support system at home with support from his wife and children at home. The physical exam revealed the injured worker uses a cane on the right side for balance and weakness in the left lower extremity. The report further outlined that the injured worker had access to a hot and cold therapy unit and a rehab unit for exercising the left shoulder at home to utilize for a home exercise program. The injured worker's diagnoses included status post lumbar laminotomy and foraminotomy at L5-S1, status post left shoulder arthroscopic surgery with debridement and synovectomy, chronic cervical ligamentous and muscular strength with discopathy, mild sleep disorder, GI distress, mild stress and anxiety, and depression. It was also noted that the injured worker had been denied physical therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **UNKNOWN TRANSPORTATION FOR ALL PHYSICAL THERAPY AND OFFICE VISITS:** 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 & Leg (Acute & Chronic), Transportation (to & from appointments).

**Decision rationale:** The Official Disability Guidelines recommend transportation to and from appointments for injured workers with disabilities preventing them from self transport. The documentation showed that the injured worker was unable to finish physical therapy due to lack of transportation; however, there was documentation of a support network set within the house including the injured worker's wife and children. It was not documented why the injured worker was unable to attain transportation to and from the physical therapy appointments and office visits via his support network. Furthermore, the description in the request of unknown transportation does not specify if the injured worker needs specialized transportation in the form of lifts or other medical equipment that is needed to transport the injured worker. Without further documentation of why the support network in the injured worker's house and the nature of the transportation being requested, the request cannot be supported by the guidelines at this time. As such, the request is not medically necessary.