

<b>Case Number:</b>	CM14-0125002		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 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 May 10, 2010. A utilization review determination dated July 25, 2014 recommends non-certification for a post-surgical ambulance. Non-certification is recommended since of the surgical intervention was not deemed necessary. An operative report dated March 27, 2014 indicates that the poor patient underwent a right shoulder arthroscopic rotator cuff debridement. A progress report dated favorite July 20, 2014 identifies subjective complaints of right shoulder pain with limited range of motion. A physical examination revealed restricted range of motion with weakness in all planes. The diagnoses include cervical spine disc herniation, right shoulder rotator cuff tear, and right knee osteoarthritis. The treatment plan recommends surgical intervention for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambulance (post-operative):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Criteria for knee joint replacement.

**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: Department of Health Care Services-California: Nonemergency Medical

Transportation [http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria\\_32\\_MedTrans.htm](http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.htm)

**Decision rationale:** Regarding the request for transportation, the California MTUS and the ODG do not address the issue. The California Department of Health Care Services notes that non-emergency medical transportation is appropriate 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 indication that the ambulance is required for emergent medical services. It appears that the request is for post-operative transportation. There is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. In light of the above issues, the currently requested post-operative ambulance is not medically necessary.