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| Case Number: | CM14-0126538 | | |
| Date Assigned: | 09/26/2014 | Date of Injury: | 09/15/2012 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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 Interventional Spine 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 injured worker is a 49 years old female with an injury date on 09/15/2012. Based on the 07/11/2014 progress report provided by [REDACTED], the diagnoses are: 1. Shoulder impingement syndrome, left2. R/O Thoracic outlet syndrome, left3. Spondylosis, cervical4. Cervical radiculopathy5. Facet arthropathy, thoracic, left upper6. Myofascial pain syndrome7. Degenerative disc disease, thoracic spine. According to this report, the injured worker complains of GI upset, left neck pain, left mid back pain and left upper extremity weakness. The injured worker reports that she "having a hard time driving" due to her pain. Husband is unable to drive her due to his work schedule. Pain is rated as a 9/10 current pain and previous pain. Activities, lying down walking and massage would aggravate the pain. Cold, rest, quiet, medications and massage would alleviate the pain. Physical exam reveals severe diffused tenderness over the left paracervical area and mid/upper thoracic area. Range of motion is limited due to pain. Adsons test, Hawkin's, and Neer test are positive on the left. Deep tendon reflexes in the upper and lower extremities are decreased but equal. There were no other significant findings noted on this report. The utilization review denied the request on 08/06/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/14/2014 to 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation for the Patient to and from Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG, transportation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter under Transportation

Decision rationale: According to the 07/11/2014 report by [REDACTED] this injured worker presents with GI upset, left neck pain, left mid back pain and left upper extremity weakness. The treating physician is requesting transportation for the injured worker to and from physical therapy. ODG guidelines Knee chapter under transportation states, "Recommended for medically-necessary transportation to appointments in the same community for injured workers with disabilities preventing them from self-transport." In this injured worker, there is no evidence that the injured worker is unable to self-transport. The injured worker's license has not been pulled based on medical problems; no discussion as to why public transportation is not feasible and no discussion regarding the injured worker's lack of social support. The request for Transportation for the Patient to and from Physical Therapy is not medically necessary.