

Case Number:	CM14-0156414		
Date Assigned:	09/25/2014	Date of Injury:	12/13/2012
Decision Date:	10/30/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopedic Surgery, has a subspecialty in Sports 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 injured worker is a 56-year-old female who reported an injury on 11/30/1999. The mechanism of injury was not provided. On 08/01/2014, the injured worker presented with left shoulder pain. Upon examination of the left shoulder, there was tenderness to palpation, paravertebral muscles, and acromioclavicular joint. There was decreased active range of motion. There is a positive impingement sign noted. Examination of the left wrist revealed a positive right sided Tinel's sign. There was tenderness to palpation and occasionally tingling and a palpable mass noted. Much of the note is handwritten and largely illegible. The diagnoses were status post left carpal tunnel release, bilateral shoulder osteoarthritis of the AC, supraspinatus, and labral tear, lumbar spine sprain/strain, and right elbow lateral epicondylitis. Prior therapy included surgery, physical therapy, and medications. The provider recommended pre postoperative transportation to appointments. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Post Operative Transportation to appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Transportation (to and from appointments), and Department of Health Care Services

(California): http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.htm

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Transportation (to & from appointments)

Decision rationale: The request for pre postoperative transportation to appointments was not medically necessary. The Official Disability Guidelines state that transportation to and from appointments are recommended for medically necessary transportation to appointments in the same community for injured workers with disabilities preventing them from self-transport. There is a lack of documentation if the physical examination provided of the injured worker's disabilities that would prevent self-transport. Additionally, the provider's rationale was not provided. As such, medically necessary has not been established.