

Case Number:	CM14-0161062		
Date Assigned:	10/09/2014	Date of Injury:	01/24/2011
Decision Date:	11/25/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational 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:

There were 635 pages for this review. The application for independent medical review was signed on October 1, 2014. It was for an orthopedic consult for the left shoulder and then transportation to and from the office. There was a modification recommendation for the services. Per the records provided, the diagnoses were cervical spine strain-sprain with disc protrusion and annular tear, right shoulder impingement syndrome labral tear, left shoulder rotator cuff tear, bilateral wrist sprain strain of the left de Quervain's, back pain with disc bulges, facet hypertrophy, and left knee pain. The injured worker is status post a right shoulder surgery on December 16, 2013; status post bilateral hernia repair with residual date unknown; and status post right knee arthroscopy on December 16, 2013. There is limited documentation in the objective and functional deficits as to why the injured worker would be unable to provide self-transportation, take a bus, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from 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 section, under Transportation

Decision rationale: The only guidance on this matter of transportation is in ODG, which notes: Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. It is not clear that the injured worker's impairment reaches a level of disability, and that other arrangements are not possible. Also, how one gets to appointments is not a medical treatment under California guidelines is not medical care. Labor Code 4600(a) notes that care is medical, surgical, chiropractic, acupuncture, and hospital treatment including nursing, medicines, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. How one gets to and from appointments is not medical care. The request for Transportation to and from Office Visits is not medically necessary.