

Case Number:	CM14-0167713		
Date Assigned:	10/15/2014	Date of Injury:	02/26/2013
Decision Date:	11/18/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/10/2014

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 and is licensed to practice in Indiana. 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 48-year-old female floral clerk with a date of injury of 2/26/13 when she had a seizure at work, fell on her back and hit her head and right shoulder. She suffered a concussion as well as injuries to the right shoulder, right arm, cervical spine and neck, which are accepted by the carrier. X-rays taken of the right shoulder on 2/28/13 were read as revealing a normal exam with no definite acute bony trauma. The worker has been receiving physical therapy as an outpatient as well as outpatient cognitive therapy and outpatient neurology treatment visits for cognitive impairment due to postconcussion syndrome, post-generalized tonic-clonic seizures, and possible medication side effects. The worker had her first seizure at age 44 in a casino with a post-seizure abnormal EEG. She was placed on Lamictal. She had another seizure on New Years 2011 on Lamictal. The worker has had an MRI of the right shoulder performed on 4/9/13 that showed evidence of a prior dislocation with a Hill-Sachs lesion and a Bankart tear of the labrum, no significant rotator cuff pathology, and a prominent joint effusion; as well as an MRI of the cervical spine performed on 5/24/13 that revealed a 3 - 3.5 mm central disc protrusion at C5-6. She had surgery performed on the right shoulder on 8/5/13 for a right shoulder arthroscopy, debridement of the glenohumeral joint, debridement of a torn glenoid labrum, arthroscopic synovectomy of the glenohumeral joint, and arthroscopic removal of chondral loose bodies. On 10/11/13, the worker underwent right shoulder surgery for a right shoulder hemiarthroplasty. She received physical therapy post-operatively and had used a TENS unit post-operatively. She has had continued pain, weakness, and hypersensitivity of the right shoulder post-operatively. Requests have been made for cognitive therapy for reactive depression/anxiety and the worker has been referred to pain management. The treating physician has requested treatment for transportation to and from industrial injury related appointments. The worker has no transportation and cannot drive since her head injury. The worker also has a

chronic seizure disorder on medication under treatment by a neurologist. On March 5, 2013, the worker's driving privileges were suspended due to her seizure disorder with 3 seizures in 3 years on medication. She was also recently admitted to the hospital on 4/7/14 after suffering several small seizures. She also has been experiencing some blurred vision and memory loss with headaches since the head injury. Treatment with a neuropsychologist for depression/anxiety has been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from industrial related appointments: Overturned

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

Decision rationale: According to the ODG Guidelines for Knee and Leg, transportation to and from appointments is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice. Since the injured worker has a seizure disorder and cannot drive and requires ongoing medical treatments as an outpatient that have been certified, the request for transportation to and from industrial related appointments is medically necessary.