

Case Number:	CM14-0174847		
Date Assigned:	10/28/2014	Date of Injury:	07/06/1995
Decision Date:	12/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 71 year old female who had a work injury dated 7/6/95. The diagnoses include fibromyalgia, myofascial pain, and status post right carpal tunnel release x 2, right shoulder impingement syndrome with rotator cuff tendinopathy. Under consideration are requests for transportation to and from all medical visits. There is a primary treating physician supplemental report dated 8/21/14 which states that the patient has been denied authorization for medical transportation to and from all of her medical visits. The provider is requesting reconsideration for transportation to and from all the patient's medical visits as she finds it very difficult to drive due to her chronic back pain as well as the pain, numbness and tingling in her right hand and wrist. Due to this she finds it uncomfortable to drive for extended period at a time. There is a Primary Treating Physician's Progress Report (PR-2) dated 5/13/14 that states that the patient returned for an orthopedic re-evaluation. Since the last visit, the patient continued to have numbness in the hands at times and low back pain as well. Examination of the hands revealed decreased sensation to pinprick over the volar aspect of the bilateral index, middle, and ring fingers. The patient could touch all fingertips to the middle palmar crease and the tip of the thumb to the fifth metacarpal head. The Tinsel's sign was negative at the wrists. Examination of the lumbar spine showed tenderness and limitation of the lumbar spine motion. The treatment plan consisted of a return appointment on 9/9/14, medication prescriptions, continuation of home health care assistance 8 hours per week, and transportation services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from all medical visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Transportation to and from all medical visits is not medically necessary per the ODG guidelines. The MTUS does not specifically address transportation. The ODG state that transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. 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. The documentation does not reveal evidence that the patient is unable to drive or use public transportation. The request for transportation to and from all medical visits is not medically necessary.