

<b>Case Number:</b>	CM14-0182786		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Montana. 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 clerk typist with a date of injury of 9/12/11. The mechanism of injury is not documented. She has current complaint of bilateral shoulder and hand pain as well as knee pain. He has been diagnosed with radial styloid tenosynovitis lumbago, right shoulder strain and bilateral upper extremity and lower extremity radiculitis. The records indicate that she has had over 20 physical therapy sessions and 18 chiropractic treatments. The primary treating physician has requested transportation to and from medical visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to and from 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 Knee and Leg Chapter (to & from appointments)

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

**Decision rationale:** The ODG guidelines recommend medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-

transport. 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. In this case there is not clearly documented disability that prevents the injured worker from self-transport. The decision for transportation to and from medical visits should be agreed upon by the payer, provider and patient as recommended in the ODG guidelines. The request for transportation to and from medical visits is not medically necessary.