

Case Number:	CM14-0027365		
Date Assigned:	06/13/2014	Date of Injury:	05/22/2011
Decision Date:	08/04/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/04/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old female with a reported date of injury on 05/22/2011. The injured worker was post left shoulder subacromial decompression and rotator cuff repair on 10/23/2013. The progress notes were largely illegible and difficult to interpret. The clinical documentation indicated the injured worker's left shoulder was overall improving, with pain rated at 7/10. The physical examination of the left shoulder's range of motion revealed abduction to 136 degrees and external rotation to 72 degrees. The orthopedic prescription dated 02/07/2014, indicated the injured worker was in need of transportation to and from doctor's appointments and therapy sessions, as the injured worker was unable to drive over 15 miles. Previous conservative care included continued home exercise and physical therapy. The diagnoses were illegible. The injured worker's medication regimen included Norco and Nonsteroidal Anti-Inflammatory Drugs (NSAIDs). The request for authorization for transportation to and from doctors' appointments and therapy services was submitted on 03/04/2014. The prescription dated 02/07/2014 indicated the physician requested authorization for transportation to and from doctors' appointments and therapy services as the injured worker was unable to drive distances over 15 miles.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSPORTATION TO AND FROM DOCTORS APPOINTMENTS AND THERAPY SERVICES: 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 & Leg, Transportation (to & from appointments).

Decision rationale: The Official Disability Guidelines recommend when medically necessary, transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The progress notes provided for review are largely illegible. The orthopedic prescription dated 02/07/2014 indicates the physician requested authorization for transportation to and from doctors' appointments and therapy services as the injured worker was unable to drive at a distance of over 15 miles. The number of miles from the injured worker's home to appointments was not provided within the documentation available for review. As the documentation indicates, the injured worker is able to drive up to 15 miles, the distance would need to be provided within the documentation available for review. The guidelines recommend transportation to and from appointments when medically necessary. As the distance to be driven was not provided within the documentation available for review, and the physician indicated the injured worker was able to drive up to 15 miles, the request for transportation to and from doctors' appointments and therapy services is not medically necessary.