

Case Number:	CM14-0035694		
Date Assigned:	06/23/2014	Date of Injury:	06/23/2010
Decision Date:	09/05/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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:

This is a 47 year-old female who has reported bilateral neck and upper extremity symptoms of gradual onset, attributed to usual office work activity, with a listed injury date of 06/23/2010. She has been diagnosed with bilateral carpal tunnel syndrome, epicondylitis, tendinitis, strain, and impingement. Treatment has included shoulder surgery, physical therapy, acupuncture, braces, prolonged total disability prescribed by physicians, and medications. Per the PR2 of 4/26/13, grip strength was 12 kg on the right and 8 kg on the left. Per the PR2 of 10/4/13, symptoms of pain and paresthesias were present in the hands, elbows and shoulders. The injured worker was reported to have difficulty with usual use of the extremities. The physical examination was notable for an unchanged grip strength, and signs of carpal tunnel syndrome. Shoulder range of motion was slightly limited and strength was 4/5. There were sensory deficits in the hands [details illegible]. Carpal tunnel release was pending. Transportation to and from all appointments was recommended. On 10/7/13 the primary treating physician provided the same findings and recommendations, also noting the use of Norco, Fexmid and naproxen on a daily basis. Subsequent medical reports through 2/10/14 do not provide substantially different information. On 3/13/14 Utilization Review non-certified transportation to all medical appointments, but did certify transportation for one medical appointment after a discussion with the treating physician. The treating physician reportedly stated that transportation was necessary due to pain in the upper extremities and the presence of carpal tunnel syndrome. The Official Disability Guidelines were cited in support of the Utilization Review decision. In an earlier Utilization Review decision on 1/2/14, transportation to appointments was non-certified based on lack of medical necessity, with a citation from the Department of Health Care Services-California.

IMR ISSUES, DECISIONS AND RATIONALES

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

transportation round -trip to medical appointments: 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) Official Disability Guidelines, Knee and leg chapter, Transportation (to & from appointments); Other Medical Treatment Guideline or Medical Evidence: Department of Health Care Services-California http://www.dhcs.ca.gov/services/medi-cal/Pages/ManualofCriteria_ada.aspx Criteria Manual Chapter 12.1, Criteria For Medical Transportation and Related Services, R-15-98E CRITERIA FOR MEDICAL TRANSPORTATION AND RELATED SERVICES.

Decision rationale: The treating physician has not provided sufficient evidence that objective deficits are present to the degree that the injured worker cannot obtain or use private or public transportation to medical appointments. The range of motion and strength of the extremities is sufficient to perform driving or use public transportation. Patients with chronic pain should be encouraged to mobilize and use their extremities. No specific cognitive deficits were described, and the grouping of all medications together as preventing transportation is not medically defensible (how does naproxen prevent the use of transportation?). The actual patterns of medication use and specific deficits were not described. The use of low dose opioids does not preclude using transportation. As noted in the Official Disability Guidelines citation above regarding powered mobility devices, patients should be urged toward independence and mobility whenever possible. Independent transportation should be one of the goals for treating chronic pain, and treatment plans which prevent the injured worker from achieving functional improvement are counter to the MTUS and all other evidence-based guidelines for treating chronic pain. The provision of transportation to all medical appointments is not medically necessary and not supported by the available guidelines.