

Case Number:	CM14-0037950		
Date Assigned:	06/25/2014	Date of Injury:	11/30/2011
Decision Date:	12/19/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/31/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 59 years old female with an injury date of 11/30/11. Based on the 01/23/14 progress report, the patient complains of right shoulder, elbow, wrist pain and right foot plantar foot pain. The patient has moderate pain in mid back and painful range of motion on low back. The patient has facial swelling as well. The patient's diagnoses include following: 1. Right shoulder RTC tear 2. Bilateral elbow epicondylitis 3. Right wrist sprain/strain 4. Lumbar spine sprain/strain, disc protrusion, multilevel 5. Bilateral hip pain GT Bursitis 6. Right plantar fasciitis 7. Cervical spine/strain with disc protrusion 8. Gastritis 9. Hypertension On physical examination, the patient exhibits difficulty with standing and sitting. The gait is antalgic. The patient has mild tenderness on cervical and lumbar spine areas. The cervical spine range of motion exam shows flexion to 40 degrees, extension to 40 degrees, right lateral to 30 degrees, left lateral to 20 degrees, right rotation to 30 degrees, and left rotation to 30 degrees. The lumbar spine range of motion exam shows flexion to 40 degrees, extension to 20 degrees, and right lateral to 20 degrees. MRI scan on left shoulder dated 08/30/13 showed moderate supraspinatus tendinosis and hook shaped acromion process with moderate AC arthrosis. On 11/19/13, electodiagnostic study showed chronic right L4 radiculopathy. On 01/27/14 report with [REDACTED] showed the patient is diagnosed with adjustment disorder with mixed anxiety and depressed mood. The treating physician is requesting for transportation to and from medical visits. The utilization review determination being challenged is dated 03/05/14. The treating physician provided treatment reports from 01/23/14-01/28/14.

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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG0- Knee & Leg (Acute and Chronic) Transportation (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) knee chapter online for Transportation (to & from appointments), AETNA guidelines on transportation: (www.aetna.com)

Decision rationale: This patient presents with right shoulder, elbow, wrist pain and right foot plantar foot pain. The request is for transportation to and from medical visits. ODG guidelines, knee chapter online for Transportation (to & from appointments) states: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." AETNA has the following guidelines on transportation: "The cost of transportation primarily for, and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." There is no information that indicates the patient is unable to drive or take public transportation to her appointments. There is no documentation to indicate the patient's health is endangered with self- transportation. Examination and the diagnoses do not show neurologic condition that compromises the patient's ability to drive or take public transportation. There is no discussion regarding social situation either. The request is not medically necessary.