

Case Number:	CM14-0038261		
Date Assigned:	06/25/2014	Date of Injury:	02/05/2001
Decision Date:	08/15/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 and is licensed to practice in Nevada. 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 who was reportedly injured on February 5, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 14, 2014, indicated that there were ongoing complaints of left shoulder pain, lower extremity lesions secondary to bed bugs, low back pain and significant dental issues (with infection). The physical examination demonstrated a 5'1, 120-pound female who has atrophy of the left shoulder, marked decrease of shoulder range of motion, multiple trigger points and oral infection. The injured employee has no teeth. There are no diagnostic testing studies presented for review. Previous treatment included physical therapy and multiple medications. A request was made for transportation to medical appointments secondary to shingles and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation 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, TWC Knee & Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: California Department of Health Care Services.

Decision rationale: It was noted that the injury was to the shoulder. It was also noted that an ordinary disease of life (shingles) involved a single eye. It was also noted that this viral infection dated back to 2013. There was no clinical indication presented and that there was a physical or cognitive limitation to operate a motor vehicle. The injured employee described that she was scared. This is a personal comfort measure, and there was nothing in the records to suggest that this injured employee cannot operate a motor vehicle, to attend appointments, to address unrelated comorbidities. Therefore, when noting that the parameters outlined in the Department of Health Care Services require preauthorization, there should be a specific reason why very private or public conveyances are contraindicated. As such, the request for transportation to medical appointments is not medically necessary and appropriate.