

Case Number:	CM14-0040424		
Date Assigned:	06/27/2014	Date of Injury:	05/09/2011
Decision Date:	08/14/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 Internal 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:

Patient is an injured worker with cervical intervertebral disc disorder status post cervical fusion C5-6. Date of injury was 05-09-2011. MRI 08-02-13 reported - no definite recurrent disc herniations or neural foraminal narrowing, no definite acute body fractures. SOAP note dated 02-12-2014 by [REDACTED] and [REDACTED] documented physical examination: General appearance and observations: The patient is a well-developed, well nourished female in no acute distress. She is alert and oriented x4 with appropriate mood and pleasant affect with no somnolence. She is well-dressed, well-groomed and a good historian. She ambulates without an assistive device with a normal gait pattern. She is able to don and doff her shoes independently and is able to transfer on and off the examination table independently. She sits comfortably. Musculoskeletal exam: Examination of the cervical spine reveals range of motion to forward flexion is 15 degrees, extension is 30 degrees, rotation is 45 degrees to the right and 50 degrees to the left, and side bending is 20 degrees to the right and 15 degrees to the left. Inspection of the cervical spine reveals normal alignment. There is a well-healed incision over the anterior cervical region consistent with previous cervical surgery. There is tenderness to palpation over the left superior trapezius, left levator scapula and left rhomboid muscles. Examination of the left shoulders reveal range of motion to forward flexion is 160 degrees, abduction is 150 degrees, external rotation is 90 degrees, and internal rotation is 30 degrees. There is left lateral winging of the scapula with left rhomboid tenderness to palpation. There is negative Hawkin's test, negative Drop arm test, negative Yergason's test, and negative crossed arm adduction test. Motor strength testing: Motor strength is 5/5 and symmetric throughout the bilateral upper and lower extremities, except 4/5 on left shoulder flexion/abduction, left elbow flexion, left wrist extension and left grip strength and 4-/5 on left elbow extension. Motor strength on isolated rhomboid testing on the left is 3+/5. Utilization review decision date was 02-20-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from doctor 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, transportation (to and from appointments).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): Page 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic)Transportation (to & from appointments)Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are recommended only for medical treatment for patients who are homebound. Official Disability Guidelines (ODG) guidelines: Transportation (to & from appointments) is recommended for medically-necessary transportation to appointments for patients with disabilities preventing them from self-transport.SOAP note dated 02-12-2014 documented physical examination: The patient is well-developed, well nourished, in no acute distress. She is alert and oriented x4 with appropriate mood and pleasant affect with no somnolence. She is well-dressed, well-groomed and a good historian. She ambulates without an assistive device with a normal gait pattern. She is able to don and doff her shoes independently and is able to transfer on and off the examination table independently.Patient is ambulatory. Patient ambulates without assistive device. Patient's gait was normal. Patient is not homebound. Transportation is not a medical treatment. Medical records do not support the medical necessity of transportation to & from appointments. Therefore, the request for Transportation to and from doctor appointments is not medically necessary.