

Case Number:	CM14-0047261		
Date Assigned:	07/02/2014	Date of Injury:	06/05/2009
Decision Date:	08/20/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/15/2014

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 Family Medicine and is licensed to practice in Arizona. 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 a 48 year old female with a date of injury on 6/5/2009. Subjective complaints are of neck pain, low back pain, right arm pain, and right hip/knee/ankle pain. Pain is rated a 7/10. Medications include Norco, lidoderm, Ambien, Voltaren gel, Prilosec, Zanaflex, and Lexapro. Physical exam shows tenderness to the paravertebral muscles in the cervical, lumbar, and thoracic spine. There is decreased lumbar range of motion. Right shoulder and elbow has decreased range of motion, and right wrist has positive Tinel's and tenderness. The right hip is tender with restricted range of motion. The right knee shows decreased range of motion and tenderness to palpation. Tenderness is present over the entire right ankle. Office records indicate that the patient is unable to drive due to injuries to the low back, right hip, knee, and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown transportation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Current submitted documentation indicates that is unable to drive to significant right sided pain that is exacerbated with operating a vehicle. while silent on specific criteria for non-emergent transportation, CA MTUS does indicate that activities causing an increase in stress on the back or other anatomical areas tend to increase symptoms. Activities and postures that increase stress on the low back or joints, including driving may require modification. Based on this guideline and the inability of this patient to operate a vehicle, the medical necessity of transportation to medical appointments is medically necessary.