

Case Number:	CM14-0079780		
Date Assigned:	07/18/2014	Date of Injury:	11/04/2006
Decision Date:	08/18/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/30/2014

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 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 records, presented for review, indicate that this 65-year-old female was reportedly injured on November 4, 2006. The mechanism of injury was not listed in the records reviewed. The most recent progress notes dated April 8, 2014, indicated that there were ongoing complaints of cervical spine pain radiating to the shoulder with pain and numbness in the fingers. The physical examination demonstrated mild intrinsic atrophy of the hands and mild thenar atrophy on the left. Muscle strength of the left upper extremity was rated at 4/5. The injured employee was noted to ambulate with the use of a walker and displayed a wide based gait. There was a recommendation for an MRI of the cervical and thoracic spine, nerve conduction studies of the upper extremities, and a urine toxicology screen. Diagnostic imaging study reports were not commented on. A previous treatment included an anterior cervical discectomy and fusion from C3 through C6. A request was made for transportation to and from all appointments, imaging studies, and consultations with other specialists and was found not medically necessary in the pre-authorization process on May 15, 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 ALL MEDICAL APPOINTMENTS, IMAGING STUDIES, CONSULTATIONS WITH OTHER SPECIALISTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE AND LEG PROCEDURE SUMMARY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Transportation, updated June 5, 2014.

Decision rationale: According to the attached medical records, the injured worker was noted to ambulate with the assistance of a front wheel walker; however, it was not stated that he has the inability to drive. Additionally, there was no comment regarding any relatives who were unable to drive him as well. Without this additional information the request for transportation to and from all medical appointments, imaging studies and consultations with other specialists is not medically necessary.