

<b>Case Number:</b>	CM14-0092813		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 34 year old female who had work related injuries on 09/05/11. She was a pre-school teacher for special needs kids, was attempting to protect an upset developmentally delayed child bigger than herself and consequently twisted her neck and torso, sustaining neck injury. The patient had psychological evaluation in 2014 evaluation by physical therapist also indicated degree of functional limitation with activities of daily living, and functional capacity. Physical examination indicated degree of limited motion of the cervical spine with degree of pain through the trapezius, levator scapula, rhomboid musculature. Shoulder exam detailed flexion 160 degrees abduction, 150 degrees of external rotation, 90 degrees of internal rotation. Negative provocative findings with slight weakness about the shoulder. Sensory exam demonstrated decreased sensation C5 and C6 dermatomes on the left. Prior utilization review dated 06/06/14 was non-certified. Current request was for transportation escort of patient times 10 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation and Escort of Patient times ten (10) days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workman's Compensation (TWC): Work Loss Data Institute Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines.

**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 chapter Transportation (to & from appointments).

**Decision rationale:** The clinical documentation submitted for review does not support the above request. There is no documentation, that states that the injured worker has disabilities preventing her from self-transport. As such, the request for transportation and escort of patient for ten (10) days is not medically necessary.