

<b>Case Number:</b>	CM14-0133851		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of April 13, 2012. A utilization review determination dated August 6, 2014 recommends noncertification for transportation for surgery on the right shoulder. Noncertification was recommended since this item is not a medical service for the cure or relief of an industrial injury and therefore outside the scope of utilization review. A progress report dated June 26, 2014 identifies subjective complaints of pain, weakness, and discomfort in the shoulder. Physical examination reveals weakness with positive orthopedic examination maneuvers. Diagnoses include right shoulder rotator cuff tear, right shoulder and external impingement, and history of previous shoulder surgeries. The treatment plan recommends surgical intervention in the outpatient surgery center and medical clearance prior to surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation for surgery on right shoulder:** Upheld

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

**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: Department of Health Care Services-California: Nonemergency Medical

Transportation [http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria\\_32\\_MedTrans.htm](http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.htm)

**Decision rationale:** Regarding the request for transportation, California MTUS and ODG do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation is appropriate when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. In light of the above issues, the currently requested post-operative ambulance is not medically necessary.