

Case Number:	CM14-0186127		
Date Assigned:	12/02/2014	Date of Injury:	07/31/2008
Decision Date:	01/13/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

The patient is a 59 year old female with an injury date of 07/31/08. Per physician's progress report dated 10/20/14, the patient complains of bilateral wrist and upper extremity pain rated at 8/10. The patient also complains of dizziness, headaches, night sweats, and severe fatigue. Additionally, the patient suffers from respiratory, cardiovascular, gastrointestinal, and neurological problems. Physical examination reveals limited range of motion in the right shoulder with abduction at 90 degrees. The wrists also have painful and limited range of motion with flexion at 30 degrees and extension at 20 degrees. In progress report dated 09/18/14, the patient states that she is unable to perform activities of daily living effectively. Medications include Venlafaxine and Lisinopril, as per progress report dated 10/20/14. The patient has undergone right-sided gangliectomy, possible carpal tunnel decompression, and index trigger finger release (dates not mentioned), as per the same progress report. Patient's current work status is "permanent and stationary" with permanent disability, as per progress report dated 10/20/14. Diagnosis, 10/20/14- Epicondylitis lateral- Epicondylitis medial- Pain in joint, Forearm- Carpal tunnel syndrome- Lesion radial nerve- Pain in joint, shoulder. The provider is requesting for transportation x 30 days. The utilization review determination being challenged is dated 10/31/14. The rationale was that "The findings do not seem to indicate a functional deficit that would prevent the patient from self-transportation or public transportation or that there was no other person available to assist with transportation." Treatment reports were provided from 10/20/14 - 04/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation x30 days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Transportation (To and from Appointments)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Transportation (to & from appointments), and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: AETNA guidelines on transportation: (www.aetna.com)

Decision rationale: The patient presents with bilateral wrist and upper extremity pain, rated at 8/10, along with dizziness, headaches, night sweats, and severe fatigue. The patient also suffers from respiratory, cardiovascular, gastrointestinal, and neurological problems, as per progress report dated 10/20/14. The request is for transportation x 30 days. ODG, Knee & Leg Chapter, Transportation (to & from appointments), recommends transportation "for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice." AETNA has the following guidelines on transportation: Per AETNA guidelines, "The cost of transportation primarily for and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." In this case, the provider has requested for "transportation to and from physician appointments," in progress report dated 04/17/14. Progress report dated 09/18/14 states that the patient's request for transportation to the initial evaluation for the functional restoration program has been authorized. However, the report also states that "she has not been to our office for a few months because she cannot get a ride." In Utilization Review Treatment Appeal dated 05/07/14, the provider says that "This patient has difficulty with driving secondary to her wrist pain. She has difficulty with prolonged positioning with the shoulder. She does have disability preventing from self-transport." The patient's husband has had a massive stroke with paralysis and cannot accompany her to appointments. The physician's office is a "further distance and poses problems for her family driving." It would appear that the requested transportation is so that the patient can attend the functional restoration program. The request is for a short-term assistance which may be medically indicated. The provider explains the difficult social situation as well. Recommendation is medically necessary.