

Case Number:	CM14-0186319		
Date Assigned:	11/14/2014	Date of Injury:	06/04/2009
Decision Date:	01/02/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/10/2014

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 Anesthesia, has a subspecialty in Acupuncture & 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 44 year old female reported a progressive and repetitive work injury that was first evaluated on 6/4/2009. Initial complaints included pain in the wrists, forearms, hands and elbows, right and then left, with progression to pain, with numbness and weakness that traveled upward through the arms and eventually moved into the face and neck. The pain and symptoms were all progressive and reported to have started in 2008. All symptoms are believed to be associated with prolonged hours spent bent and working with the computer and mouse over the previous 5 years. No significant changes in the injured worker's condition, reported complaints, assessment findings or diagnosis were noted in the latest documented visit dated 10/23/2014. The continued treatment plan included continuation of the current medication regimen along with another request for brachial plexus (right) continuous nerve block along with a change in the length of the infusion time for the Ketamine, and education on desensitization exercises. Also included in the treatment plan was the request for once per month transportation to follow-up visits to see her treating physician. On 10/30/2014 Utilization Review modified this request recommending and certifying transportation of a total of 3 follow-up visits to her treating physician, as medically necessary and citing adequate documentation of disabilities which prevent self-transport, meeting the guidelines set forth.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to follow-up visit once a month to see the doctor: Upheld

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 & Leg, Back (Acute & Chronic)

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, Transportation

Decision rationale: The MTUS is silent on the use of transportation services in the management of injuries or to and from procedures. Per the ODG, transportation is "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)". Per the documentation submitted for review, it was noted that the injured worker had extreme anxiety and obsessional symptoms. She had fear episodes while driving a car and episodes of general anxiety. However, the documentation does not detail what prevents the injured worker from utilizing public transportation, or the lack of access to family members who can provide transportation. Furthermore, the request does not specify the duration of transportation. The request is not medically necessary.