

Case Number:	CM14-0197871		
Date Assigned:	12/08/2014	Date of Injury:	03/22/2013
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 23, 2013. In a Utilization Review Report dated November 6, 2014, the claims administrator partially approved a request for preoperative and postoperative transportation to and from appointments as transportation to and from the surgery center alone. The claims administrator referenced earlier Utilization Review Reports and a progress note of October 30, 2014 in its partial approval. The applicant's attorney subsequently appealed. On June 27, 2014, the applicant reported 7-8/10 shoulder, neck, and back pain. The applicant was given a diagnosis of impingement syndrome of the left shoulder. The applicant was asked to pursue an arthroscopic subacromial decompression procedure. On September 16, 2014, the applicant was placed off of work, on total temporary disability. Ongoing complaints of shoulder, wrist, neck pain, 7/10, were mentioned. The applicant was on Norco and Zanaflex for pain relief, it was stated. The applicant's gait was not clearly described or characterized. The note was handwritten, difficult to follow, and did not contain any rationale for pursuit of medical transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre/post-operative transportation to appointments: 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 and Leg Chapter, Transportation (to & from appointments)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter, Transportation topic.

Decision rationale: As noted in the MTUS Guidelines in ACOEM Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which include keeping appointments. ODG's Knee and Leg Chapter, Transportation topic, further notes that transportation is recommended only to deliver medically necessary transportation for applicants with disabilities which prevent them from self-transport. Here, the requesting provider has not clearly outlined why the applicant was or is incapable of self-transport. It was not clearly outlined why the applicant, family members, public transportation, and/or a taxi cab were incapable of providing the requisite transportation. Therefore, the request is not medically necessary.