

Case Number:	CM15-0000392		
Date Assigned:	01/09/2015	Date of Injury:	08/13/2007
Decision Date:	03/06/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 40 year old male who sustained an industrial related injury on 8/13/07. A physician's report dated 11/13/14 noted the injured worker had complaints of neck and shoulder pain. The injured worker was taking Dulcolax, Pantoprazole, Senokot, Tylenol with Codeine, and Baclofen. A MRI of the cervical spine obtained on 10/13/14 was noted to have shown a stable large extensive sacular cervical cord syringohydromyelia. Physical examination findings included absent sensation below the xiphoid process and absent motor strength below the chest level on the right. Diagnoses included spinal cord injury unspecified, thoracic compression fracture, and shoulder pain. The injured worker was using an electric wheelchair. On 01/2/15 the treating physician noted a primary diagnosis of shoulder pain and thoracic pain. The physician requested authorization for a van and ramp for transporting an electric wheelchair. On 12/29/14 the request for a van and ramp for transporting an electric wheelchair was non-certified. The utilization review (UR) physician cited the Official Disability Guidelines and noted that per the documentation provided it appeared that transportation is being provided to the injured worker. Therefore the request was denied for independent transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Van and ramp for transporting wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee/Leg Chapter Transportation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee section, Transportation (to and from appointments)

Decision rationale: The MTUS is silent on whether or not transportation is necessary or not for chronic pain or injuries. The ODG states that for knee injuries, transportation to and from appointments may be allowed, if it is medically necessary, and if the patient has a disability that specifically prevents them from self-transporting themselves to their appointments. In the case of this worker, transportation was being provided, just not independent 24-hour available transportation for all needs, including non-medical. Since the van and ramp requested would not be necessary for transportation for medically necessary appointments, it cannot be justified. therefore, the van and ramp for transporting wheelchair will be considered medically unnecessary.