

<b>Case Number:</b>	CM15-0006110		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/13/2007
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California  
 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 injury on 08/13/2007. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include unspecified spinal cord injury, thoracic compression fracture, shoulder pain, thoracic spinal cord injury, bilateral shoulder pain with tendonitis and degenerative joint disease, and urologic and bowel dysfunction related to spinal cord injury. Treatment to date has included medication regimen, status post thoracic five to ten spinal fusion, home health, use of electric and manual wheelchair, and catheterization. In a progress note dated 12/11/2014 the treating provider reports a pain level of six on a scale of one to ten with medication. The injured worker also notes difficulty obtaining transportation through the disabled transit system. The treating physician requested use of a van and ramp for independent transportation secondary to difficulty with obtaining transportation for shopping tasks, after hours transportation, and transportation for emergencies. On 12/26/2014 Utilization Review non-certified the requested treatment of a van and ramp (for transporting electric wheelchair), noting the Official Disability Guidelines, Knee/Leg chapter, 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 electric wheelchair): 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 chapter - Transportation

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines , Knee Chapter, Transportation

**Decision rationale:** According to the CA MTUS guidelines, to optimize the chances of success, the patient's family or support system must be enlisted in their recovery effort. According to the Official Disability Guidelines, Knee Chapter, Transportation (to & from appointments) is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, while it is appreciated that the injured worker notes difficulty obtaining transportation through the disabled transit system, the medical records do not establish that other methods of transportation or family support are not available to this injured worker. The request for Van and Ramp (for transporting electric wheelchair) is not medically necessary.