

Case Number:	CM15-0009742		
Date Assigned:	01/27/2015	Date of Injury:	10/01/2013
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44 year old female, who sustained an industrial injury on October 1, 2013. The diagnoses have included right partial Rotator cuff tear of the right shoulder with strain, cervical spine strain improved and right wrist/hand strain de Querrain's. Treatment has included Abien and Ativan. Currently, the injured worker reported that he cervical spine was still symptomatic but reduced. There was no change to the right shoulder and she rated the pain a 5 on a 10-point scale. The pain increased with use and elevation and decreased with medication. On examination, the injured worker was in no distress, her gait was within normal limits and she moved without difficulty. On December 17, 2014 Utilization Review non-certified a request for transportation to and from medical visits noting that the guidelines for transportation apply to persons with disabilities preventing them from self-transport. The Official Disability Guidelines was cited. On January 16, 2015, the injured worker submitted an application for IMR for review of transportation to and from medical visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from medical visits (due to related injury to the cervical spine):

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 and from appointments)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on October 1, 2013. The medical records provided indicate the diagnosis of right partial RCT with MPS, cervical spine strain improved and right wrist/hand strain de Querrain's. Treatment has included Abien and Ativan. The medical records provided for review do not indicate a medical necessity for Transportation to and from medical visits (due to related injury to the cervical spine . The MTUS is silent on it. The Official Disability Guidelines states, "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) 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." Therefore, the requested treatment is not medically necessary and appropriate.