

Case Number:	CM15-0107034		
Date Assigned:	06/15/2015	Date of Injury:	08/16/2004
Decision Date:	07/16/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/03/2015

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, New York, California
 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 applicant is a represented 61-year-old who has filed a claim for complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of August 16, 2014. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for transportation to and from appointments. The claims administrator referenced an April 24, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 24, 2015, the applicant reported ongoing complaints of shoulder pain, arm pain, psychological stress, depression, and anxiety. The applicant had undergone multiple thoracic outlet surgery procedures. A psychiatric consultation, vascular surgery consultation, physical therapy, TENS unit, and tramadol were endorsed while the applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant was unable to drive and therefore required transportation. Transportation to and from appointments was sought. The attending provider did not state precisely why the applicant could not drive herself to appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation services: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Integrated Treatment/Disability Duration Guidelines Knee, Transportation (to & from appointments).

Decision rationale: No, the request for transportation services is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes keeping appointments. Thus, the request for transportation services to and from appointments, per the MTUS Guidelines in ACOEM Chapter 5, page 83, is an article of applicant responsibility as opposed to an article of payor responsibility. While ODG's Knee and Leg Chapter Medical Transportation topic does acknowledge that transportation should be deemed medically necessary for appointments in the same community in applicants with disabilities preventing them from self-transport, here, however, the attending provider did not clearly state why the applicant was incapable of self-transport in his April 24, 2015 progress note or associated RFA form of the same date. The applicant's issues were seemingly confined to the upper extremity. The applicant's gait and/or ambulatory status were not clearly described and/or clearly categorized. The attending provider did not state why the applicant was unable to drive herself to and from appointments, nor did the attending provider state why the applicant was incapable of transporting herself via other means, such as a bus or taxi. Therefore, the request is not medically necessary.