

Case Number:	CM15-0107768		
Date Assigned:	06/12/2015	Date of Injury:	05/12/2012
Decision Date:	07/13/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/04/2015

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: Connecticut, California, Virginia
 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:

This 86 year old woman sustained an industrial injury on 5/12/2012 after a trip and fall in the parking lot. Diagnoses include right shoulder pain, right shoulder adhesive capsulitis, decreased right upper extremity strength, internal derangement of the left knee, left rib fractures (resolved), and depression. Treatment has included oral medications, trigger point injections, physical therapy, massage therapy, surgical intervention, home exercise program, brace/cast, and TENS unit therapy. Physician notes dated 4/21/2015 show complaints of right shoulder pain rated 8- 10/10. Recommendations include HELP interdisciplinary pain rehabilitative program and daily transportation to and from her home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roundtrip transportation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, transportation.

Decision rationale: The ODG recommends medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. 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. In this case, it appears that the patient struggles with activities of daily living due to injury, having to periodically pay for help. Given her age and level of disability, it is the opinion of this reviewer that transportation is warranted and considered medically appropriate in this case.