

<b>Case Number:</b>	CM15-0015858		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female, who sustained an industrial injury on 08/16/2013. The diagnoses have included headache, pain in joint shoulder, sprain/strain of neck, and sprain/strain of lumbar region. Treatments to date have included cognitive behavioral therapy, physical therapy, and medications. Diagnostics to date have included brain MRI which revealed white matter changes. In a progress note dated 12/01/2014, the injured worker presented with complaints of constant headaches that radiate pain to her neck and down both arms. The treating physician reported that most likely the headaches are cervicogenic and secondary to neck and shoulder musculoskeletal injury. A progress note dated 09/16/2014 stated the injured worker has a lot of problems with transportation and cannot drive herself and her family often times cannot drive her to various doctor appointments. Utilization Review determination on 01/06/2015 non-certified the request for Transportation to and from Appointments for the next 4 months citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to and from appointments for the next 4 months, quantity 4: 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) TWC Guidelines WEB, Knee & Leg Back (acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee - Transportation.

**Decision rationale:** Transportation to medical appointments is not discussed in the California Medical Treatment Utilization Schedule. Official Disability Guidelines/Treatment in Workers Compensation/Knee does discuss transportation and states that this is recommended for medically necessary transportation for appointments in the same community for patients with disability preventing them from self-transport. A utilization review of 01/06/2015 does discuss that this patient has difficulties with self-transport. That review additionally notes that this patient was previously authorized on 12/08/2014 for transportation to and from three provider appointments over a 6-month time period. It is not clear that the patient has used up those visits which were previously authorized, nor is it clear whether the treating physician was aware of that prior authorization at the time that the current request was submitted. Therefore, it appears that this is a duplicate request. It may be appropriate in the future for the treating physician to be more specific in terms of the dates of appointments for which transportation is requested. Again, at this time this appears to be a duplicate request which was previously certified. Therefore, this request is not medically necessary.