

<b>Case Number:</b>	CM15-0146800		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old female, who sustained an industrial injury on July 17, 2009. The injured worker was diagnosed as having cervical spondylosis without myelopathy, neck pain, and pain in joint, status-post left shoulder arthroscopy and carpal tunnel syndrome. Treatment to date has included magnetic resonance imaging (MRI) and medication. A progress note dated June 12, 2015 provides the injured worker complains of neck and shoulder pain radiating to the upper extremity with numbness and tingling. He reports 70% decreased in pain with medication. Review of magnetic resonance imaging (MRI) of the left shoulder reveals degenerative changes and full thickness tear. Physical exam notes no acute distress, no tenderness to palpation and normal muscle tone. The plan includes medication and functional restoration program evaluation. There is a request for transportation to evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation x 1 day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Transportation to and from appointments.

**Decision rationale:** The claimant sustained a work-related injury in July 2009 and is being treated for chronic shoulder and radiating neck pain. She was seen as an outpatient on 06/12/15. A functional restoration program evaluation was pending. There were no abnormal physical examination findings. Transportation to and from appointments is recommended for medically-necessary appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the claimant has been able to attend outpatient appointments. There is no documented gait dysfunction or use of an assistive device and driving has not been restricted. The request for transportation is not medically necessary.