

Case Number:	CM15-0189605		
Date Assigned:	10/01/2015	Date of Injury:	06/13/2013
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 53 year old male who sustained an industrial injury on 6-13-13. The medical records indicate that the injured worker has been treated for status post blunt head injury with loss of consciousness; blurred vision; cervical musculoligamentous strain-sprain; lumbar musculoligamentous sprain-strain with radiculitis, rule out disc protrusion; right rib fracture; right sided flank pain, rule out kidney contusion; right shoulder sprain-strain, tendinitis, impingement syndrome, rule out rotator cuff tear; right wrist pain, secondary to use of cane, right carpal tunnel syndrome; right pelvic fracture of the superior rami; bilateral foot stain-sprain versus lumbar radiculitis; depression; anxiety, situational. He currently (7-27-15) complains of lower back pain with a pain level of 0-1 out of 10 which increased from 0 out of 10 on the last visit; right shoulder pain with a pain level of 3 out of 10 and increase from 0 out of 10 on the last visit; right ankle pain with a pain level of 8 out of 10 a decreased from last visit of 9 out of 10; right wrist pain with a pain level of 9 out of 10 which is unchanged from previous visit. On physical exam of the cervical, thoracic and lumbar spine there was no tenderness to palpation; right shoulder exam revealed no tenderness but restricted range of motion, positive impingement and supraspinatus tests; right wrist was tender to palpation; bilateral ankles show tenderness to palpation over the right and left ankles. Since 11-14-14 his pain level in the low back has decreased from 6 out of 10; right shoulder has decreased from 6 out of 10; right ankle pain decreased from 6 out of 10; right shoulder decreased from 6 out of 10; wrist. He has had an MRI of the brain (8-4-14) unremarkable; nerve conduction study of upper extremities (7-25-14) abnormal; electromyography of upper extremities (4-22-15) abnormal. His physical therapy has

been on hold since at least 4-22-15 and provider gave no explanation as to why. His medications were tramadol, flurbi cream. The request for authorization dated 7-27-15 was for transportation to and from all medical appointments. On 8-24-15 Utilization Review non-certified the request for transportation to and from all medical appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from all medical appointments: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

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 and pg 66.

Decision rationale: According to the guidelines, transportation is recommended for medical reasons to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, however, the claimant has numerous injuries to the shoulders, hip, feet and head including blurred vision, making it difficult to obtain self transportation . The request for medical transport is medically necessary.