

Case Number:	CM15-0196389		
Date Assigned:	10/12/2015	Date of Injury:	05/16/2014
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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, 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 54 year old male, who sustained an industrial injury on 5-16-2014. The medical records indicate that the injured worker is undergoing treatment for cervical pain. According to the progress report dated 9-17-2015, the injured worker presented with complaints of pain in his neck, upper back, mid-back, right shoulder, right arm, right elbow, right wrist, and right hand. On a subjective pain scale, he rates his pain 5 out of 10. The physical examination of the cervical spine is not indicated. The current medications are Norco and Flector patch. Previous diagnostic studies include electrodiagnostic testing and MRI of the cervical spine. Treatments to date include medication management, physical therapy, home exercise program, acupuncture, and steroid injection in the shoulder. Work status is described as modified duty. The patient sustained the injury when he was pushing a heavy wheel barrel. The patient had MRI of the right shoulder on 2/25/15 that revealed tendinitis. The patient has had MRI of the cervical spine on 7/20/15 that revealed disc protrusions. Patient had received cervical ESI on 9/21/15. Physical examination on 8/20/15 revealed slow gait, no use of assistive device, tenderness on palpation, muscle spasm, trigger points, in cervical and thoracic spine, limited range of motion and tenderness on palpation over right shoulder and decreased sensation. Per the note dated 10/15/15, the patient had complaints of pain at 1-3/10. A detailed physical examination on dated 10/15/15 was not specified in the records specified. Per this note patient states he was unable to drive and does not have someone to drive him to his appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation Services (to Every Appointment): 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), Knee and Leg (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 07/10/15), Transportation (to & from appointments).

Decision rationale: Transportation Services (to Every Appointment). A detailed physical examination on dated 10/15/15 was not specified in the records specified. Significant functional deficits that would require Transportation Services (to Every Appointment) were not specified in the records provided. The patient had received an unspecified number of acupuncture and PT visits for this injury. Response to these therapies and previous therapy notes were not specified in the records provided. Evidence that the patient has functional deficits that prevent the patient from ambulating and arranging for his own self-transportation to the medical appointments is not specified in the records provided. The rationale for the need for helping the patient to arrange for transportation services (to every appointment) was not specified in the records provided. The medical necessity of the request for transportation services (to every appointment) is not fully established in this patient.