MAXIMUS Federal Services

Case Number:	CM15-0208757		
Date Assigned:	10/27/2015	Date of Injury:	07/25/2012
Decision Date:	12/08/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/22/2015

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: 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:

This is a 57 year old male who sustained a work-related injury on 7-25-12. Medical record documentation on 9-1-15 revealed the injured worker was being treated for ongoing symptoms of chronic pain and functional and vocational limitations related to his industrial injury. He underwent a functional restoration program psychological initial evaluation on 9-1-15 and reported that his chronic pain symptoms had negatively impacted his ability to perform activities of daily living. He reported significant depression, which could exacerbate his pain and dysfunction and impair his ability to utilize active self-care strategies. His anxiety could also contribute to his fear of movement, which could inhibit his physical rehabilitation. His pain affected his daily functioning, including housekeeping, shopping, errands, family visits, childcare, sexual functioning, yard work, cooking, driving and ability to work or enjoy hobbies. He was diagnosed with depressive disorder and psychological factors affecting a medical condition. Previous treatment included twelve sessions of acupuncture therapy, physical therapy, medications, and subacromial decompression in December 2012. The evaluating physician recommended 30 days of treatment in a functional restoration program. The injured worker reported that he did not have transportation to his functional restoration program treatment and using public transportation was not feasible due to his injuries. The evaluating physician noted that without transportation to and from his functional restoration program treatment, the injured worker would not be able to participate in the program. A request for transportation to functional restoration program for 15 days was received on 9-18-15. On 9-22-15, the Utilization

Review physician determined transportation to functional restoration program for 15 days was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to FRP Qty 15 Days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Transportation, page 354.

Decision rationale: ACOEM, MTUS do not address transportation to and from appointments; however, ODG does recommend medically necessary transportation to appointments for patients with disabilities preventing them from self-transport. Submitted reports have not demonstrated adequate support for treatment request and do not provide supporting medical reasoning indicating why the patient cannot drive or use public transportation with functional strength and intact sensation. There was no documentation regarding how far the patient needed to travel or how long the patient needed to stay for the appointments nor do reports address other options that have been exhausted or comorbidities preventing patient to travel by alternative means. Clinical findings show no indication of limitations or specific neurological deficits preventing self-transport to support for these services. The Transportation to FRP Qty 15 Days is not medically necessary and appropriate.