

Case Number:	CM15-0024760		
Date Assigned:	02/17/2015	Date of Injury:	12/10/2013
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/09/2015

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:

The injured worker is a 45 year old female, who sustained an industrial injury on December 10, 2013. The diagnoses have included tendinosis of left shoulder with impingement, left elbow epicondylitis and carpal tunnel syndrome. The injured worker has complaints of left shoulder pain. She has been diagnosed with impingement and has been approved for left shoulder surgery. Due to general anesthesia the injured worker will have driving restriction until effect of anesthesia has worn off. On February 4, 2015 utilization review non-certified a request for pre/post-operative transportation to appointments-day of surgery and duration of transportation for 4 weeks. The Department of Health Care Services - California was utilized in the determination. Application for independent medical review (IMR) is dated February 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre/post-operative transportation to appointments-day of surgery and duration of transportation for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California http://www.dhcs.ca.gov/services/medi-cal/Documents/ManCriteria_32_MedTrans.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee chapter under transportation.

Decision rationale: According to the 11/11/2014 QME report, this patient presents with pain in the left side of her low back and both knees. The current request is for per/post-operative Transportation to appointment-day of surgery and duration of transportation for 4 weeks; but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 11/11/2014 and the Utilization Review letter in question is from 02/04/2015. In reviewing the provided medical reports, the Utilization Review denial letter indicate that the treating physician provided a narrative letter dated 01/29/2015 noting "the patient was diagnosed with left shoulder impingement and was scheduled for a left shoulder arthroscopic decompression with acromioplasty and distal clavicle resection." However, the 01/29/2015 narrative letter was not included in the file for review. UR further states "While the patient would be unable to drive herself after the procedure, there is no indication that being a passenger while utilizing either private or public transportation would not be an option. Therefore, the request is recommended for non-certification." Regarding transportation, the ODG guidelines Knee chapter under transportation states, "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." In this case, there is no documentation that the patient is unable to self-transport. The treating physician does not mention that the patient has disabilities preventing her from self-transport; no discussion as to why public transportation is not feasible and no discussion regarding the patient's lack of social support. Therefore, the request for 4 weeks of Transportation IS NOT medically necessary.