

<b>Case Number:</b>	CM15-0028669		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 47 year old male, who sustained a work/ industrial injury on 2/28/13 due to a motor vehicle accident with injury to the neck, left shoulder, left hip and back. He has reported symptoms of pain in neck, shoulder, and back. Shoulder pain was rated 5-6/10. There was difficulty raising the arm. The diagnosis have included rotator cuff tear. Treatments to date included medication, physical therapy (5 sessions), and activity modification. Diagnostics included a Magnetic Resonance Imaging (MRI) on 10/17/14 that reported lumbar spondylosis at L2-3 through L5-S1 disc. At L3-4 3 mm posterior osteophytes disc complex more prominent on the right side, mild narrowing of right L3-4 neural foramen, at L4-5 2.5 osteophyte disc complex more prominent on the left side, moderate narrowing at left L4-5 neural foramen, at L5-S1, 2.5 mm osteophytes disc complex. An MR I of the left upper extremity noted a rotator cuff tear and 2.5 cm tendon retraction of supraspinatus tendon, left shoulder effusion, and degenerative arthritis left acromioclavicular joint. Medications included Ibuprofen and Tramadol. The treating physician requested a left shoulder arthroscopic decompression, rotator cuff repair, possibly open and excision/acromioplasty clavicle joint of left shoulder. A request was also made for transportation to and from surgery. On 2/10/15, Utilization Review non-certified a Transportation to and from surgery, noting the Non- MTUS citation and using the Official Disability Guidelines (ODG): ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to and from surgery:** 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). ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195 - 220. Decision based on Non-MTUS Citation National Medicare Determination Manual

**Decision rationale:** The patient is to have arthroscopic shoulder surgery. This is an elective, outpatient procedure. ACOEM, Chapter 9, Shoulder Complaints does not mention transportation as a MTUS service. National Medicare criteria does not have transportation to and from surgery or dialysis as a benefit. Transportation to and from an elective procedure is not medically necessary.