

Case Number:	CM15-0215537		
Date Assigned:	11/05/2015	Date of Injury:	10/31/2005
Decision Date:	12/16/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/02/2015

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: North Carolina

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 42 year old female, who sustained an industrial injury on 10-31-2005. The injured worker was diagnosed as having constipation, gastroesophageal reflux disease, hypertension, status post gastric bypass surgery, and palpitations. Treatment to date has included diagnostics, physical therapy, and medications. On 9-08-2015, the injured worker complains of ongoing acid reflux, palpitations with anxiety, variable blood pressure, "stable" constipation, and headaches. Exam noted the injured worker as alert and oriented and pleasant and cooperative. Her blood pressure was 118 over 73 and heart rate was 64. Her height was 5'8" and weight was 209 pounds. Cardiovascular exam noted regular rate and rhythm, without rubs or gallops. Her abdomen was soft with palpitations and an abdominal scar was noted. Medications included Hydrochlorothiazide, Lisinopril, Prilosec, Citrucel, Linzess, Iron, Multivitamin, Vitamin D3, Vitamin B12 injection, and triple antibiotic ointment. Vitamins were documented as necessary due to status post gastric bypass surgery. Her function with activities of daily living was not described. A supplemental secondary treating physician report dated 9-15-2015 noted "mistakenly omitted the request for the patient to have transportation services" due to "syncope and should not travel anywhere alone". Neurological re-evaluation (7-15-2015) noted complaints to include visual blurring, headaches, dizziness, and frequent fainting spells with and without warning. The PR2 report (9-22-2015) noted complaints of radicular neck pain, radiating bilateral shoulder pain, radicular low back pain, hernia pain, and anxiety-depression. A review of symptoms noted that she reported dizziness and denied blurred or double vision. Her gait was extremely slow and guarded, favoring the left lower extremity. Lumbar spinal surgery was

recommended and discussed with the injured worker and her husband, noting that she would need to make some personal arrangements for help at home. A Notice of Certification for transportation services to and from medical appointments was dated 4-16-2015. On 10-09-2015 Utilization Review non-certified a request for transportation services for medical appointments, physical therapy, pharmacy trips, errands and grocery markets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation services for medical appointments, physical therapy, pharmacy trips, errands and grocery markets: 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 Chapter, Transportation.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states transportation to in community office visits are only merited for patients with disabilities that prevent any form of self-transportation and usually indicate skilled nursing home level of care. The patient does not meet these criteria and therefore the request is not medically necessary.