

Case Number:	CM15-0219043		
Date Assigned:	11/10/2015	Date of Injury:	02/10/2011
Decision Date:	12/31/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/06/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 48 year old male, who sustained an industrial injury on February 10, 2011. The injured worker was diagnosed as having chronic traumatic pain disorder, right middle and ring finger amputation with proximal interphalangeal joint flexion impairment, bilateral carpal tunnel syndrome, neuritis of the right middle and ring stumps, left shoulder pain with left arm numbness, impingement status post decompression, and myofascial pain disorder. Treatment and diagnostic studies to date has included physical therapy, home exercise program, medication regimen, laboratory studies, magnetic resonance imaging of the left shoulder, injection to the left shoulder, and above noted procedure. In a progress note dated October 08, 2015 the treating physician reports complaints of constant pain to the neck that radiates to the left arm with tingling, and burning to the hand and stump, exacerbation of symptoms to the left shoulder, complaints of "severe" insomnia due to bilateral upper extremity numbness, numbness from the left shoulder blade to the hand, sensitivity to the right finger stump. Examination performed on October 08, 2015 was revealing for straight leg raises with pain to the low back, dry third and fourth stump to the right hand, decreased range of motion to the left shoulder with pain, positive impingement to the left shoulder, and allodynia to the right hand amputation region. The injured worker's current pain level on October 08, 2015 was rated a 9 out of 10. On October 08, 2015 the treating physician requested transportation noting that "due to his right hand recent stump revision, it is medically necessary to have transportation" with the date of the revision unknown. On October 14, 2015 the Utilization Review determined the request for transportation to be non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation: 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, Criteria for Medical Transportation.

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

Decision rationale: The MTUS is silent on the use of transportation services in the management of injuries or to and from procedures. Per ODG, transportation is "Recommended for medically- necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)" The documentation does not detail the injured worker's disability that prevents him from self transport, public transportation, or access to family members who can provide transportation. The request is not medically necessary.