

Case Number:	CM15-0038025		
Date Assigned:	03/06/2015	Date of Injury:	12/29/2011
Decision Date:	04/10/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/27/2015

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, 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 55 year old male, who sustained an industrial injury on 12/29/2011. He reports right hand and wrist injury while making boxes. Diagnoses include carpal tunnel syndrome with surgical release, right wrist ankyloses and right hand arthritis. Treatments to date include right elbow surgery, physical therapy and medication management. A letter from the patient's attorney dated March 13, 2015 indicates that the patient has a continuing inability to grip with the right hand making self transportation far more difficult. An operative report dated August 29, 2014 indicates that the patient underwent right carpal tunnel release. A progress report dated October 17, 2014 states that the patient is unable to grip with the right hand and recommends transportation to Dr. follow-up appointments and therapy appointments. A CT scan of the right wrist is also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation services for all future appointment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Department of Health Care Services-California: Nonemergency Medical Transportation http://www.dhcs.ca.gov/services/medi-cal/Documents/ManCriteria_32_MedTrans.htm.

Decision rationale: Regarding the request for transportation, California MTUS and ODG do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation is appropriate when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. Additionally, the current request for "all future appointment" is inconsistent with an expectation that the patient's right hand will improve somewhat in the future. In light of the above issues, the currently requested post-operative ambulance is not medically necessary.