

Case Number:	CM15-0051838		
Date Assigned:	04/16/2015	Date of Injury:	12/11/2012
Decision Date:	05/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/19/2015

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: Arizona, California
 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 57 year old female, who sustained an industrial injury on December 11, 2012. She reported neck pain and left shoulder hand and elbow pain. The injured worker was diagnosed as having cervical pain, cervical strain, wrist pain, DeQuervain's and radial styloid tenosynovitis. Treatment to date has included radiographic imaging, diagnostic studies, conservative care, medications and activity restrictions. Currently, the injured worker complains of neck pain and left shoulder hand and elbow pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on December 18, 2014, revealed continued pain. She reported the medications were working well reducing pain from a 7 to a 3 on a 1-10 scale, 10 being the worse pain. Radiofrequency ablation and medical transportation was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from procedure: 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 ODG- knee chapter- transportation.

Decision rationale: According to the guidelines, transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, there was no indication of a disability indicating the claimant was not able to transport herself. There is no indication of sedation being used that would require safe transportation needs. The request is not justified and not medically necessary.