MAXIMUS Federal Services

Case Number:	CM15-0080789		
Date Assigned:	05/01/2015	Date of Injury:	06/05/2009
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 56 year old male, who sustained an industrial injury on 6/5/2009. He reported continuing trauma injury. The injured worker was diagnosed as having cervical disc displacement, status post cervical discectomy and fusion with residuals, and right upper extremity radiculopathy, right shoulder impingement syndrome with adhesive capsulitis, low back pain with radiation into both lower extremities. Treatment to date has included chiropractic treatment, physical therapy, acupuncture, pain management, cervical epidural steroid injections, magnetic resonance imaging, neck surgery, and medications. The request is for medical transportation 7 days per week for pharmacy, bank, grocery store, laundry, post office, and medical transport. On 4/8/2015, he reported having increasing low back pain with radiation into both legs, and persistent neck pain with radiation into both upper extremities. He also has continued dental issues, difficulty swallowing, and issues with insomnia. He indicates the insomnia to be improved with utilization of Lunesta. The record indicates he is receiving transportation for medical needs, and does not require transport to pharmacy, grocery store, bank, laundry, and post office. On 4/15/2015, a supplemental report indicates he failed first line analgesics for pain including Acetaminophen, Diclofenac, and other NSAIDs. The treatment plan included: Norco, Gabapentin, Dendracin lotion, Naprosyn, Omeprazole, and medical transportation seven days per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical transportation 7 days a week for pharmacy, bank, grocery store, laundry, post office and medical transport: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 99.

Decision rationale: Per the guidelines, power mobility devices such as electrical wheel chairs are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker. If there is any mobility with canes or other assistive devices, a motorized device is not essential to care. In the case of this injured worker, he is mobile with a cane and independent with his activities of daily living. He is said not to drive. The records do not substantiate any functional decline or further impairment to medically justify the use of ongoing medical transportation 7 days a week for pharmacy, bank, grocery store, laundry, post office and medical transport. Therefore the request is not medically necessary.