

Case Number:	CM14-0101366		
Date Assigned:	09/16/2014	Date of Injury:	09/20/2002
Decision Date:	10/17/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for neck and shoulder pain reportedly associated with cumulative trauma at work first claimed on September 20, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; opioid therapy; and extensive periods of time off of work. In a medical-legal evaluation dated September 18, 2013, it was acknowledged that the applicant was no longer working as she had been terminated by her former employer. Electrodiagnostic testing of April 12, 2013 was notable for bilateral carpal tunnel syndrome, mild on left and mild-to-moderate on the right. In a progress note dated June 13, 2014, the applicant was described as status post right shoulder surgery. Postoperative physical therapy was endorsed while the applicant was placed off of work, on total temporary disability. In a progress note dated February 4, 2014, the applicant was again placed off of work, on total temporary disability. Authorization was sought for housekeeping services at home and medical transportation to and from doctors' appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation for medical appointments for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes keeping scheduled medical appointments. The service being sought by the attending provider, namely transportation to and from appointments, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.