

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0129276 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 12/17/2012 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 07/25/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 53 year old female who injured her shoulder and left knee on 12/17/2012. She was diagnosed with bicipital tenosynovitis, and shoulder rotator cuff tear and labrum tear. She was treated with a knee brace, medication, physical therapy, activity modification, TENS unit, H-wave unit, and surgery (left knee, left shoulder). On 7/10/14, the worker was seen by her primary treating physician for a wound check and dressing change status post left shoulder arthroscopy superior labrum anterior to posterior arthroscopic repair (SLAP) with subacromial decompression (5/28/2014) reporting doing better than before surgery but still had mild pain with movement. She reported doing physical therapy, both supervised and home exercises. Her pain was rated at 1-2/10 on the pain scale. The worker's physician reported that she did not have a car and required transportation to and from her physical therapy as well as to and from her office visits. She was also requested to continue her physical therapy, her NSAID use, and home exercises/stretching.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from Therapy sessions, as well as to and from doctor appointments, left shoulder: Upheld

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

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

Decision rationale: The MTUS is silent on whether or not transportation is necessary or not for chronic pain or injuries. The ODG states that for knee injuries, transportation to and from appointments may be allowed, if it is medically necessary, and if the patient has a disability that specifically prevents them from self-transporting themselves to their appointments. In the case of this worker, the reason for the request for transportation, according to the requesting physician was due to the worker not owning a vehicle to transport herself and not due to inability to drive physically. This is not a justifiable reason to request transportation, as it does not involve a physical disability. Therefore, the transportation is not medically necessary.