

<b>Case Number:</b>	CM14-0129459		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	12/01/2001
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 claimant is a represented [REDACTED] insured who has filed a claim for bilateral shoulder, bilateral elbow, and bilateral wrist pain reportedly associated with an industrial injury of January 4, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; psychological counseling; and extensive periods of time off of work. In a Utilization Review Report dated August 1, 2014, the claims administrator denied transportation to and from all medical appointments, approved 12 weekly sessions of group therapy, and approved three sessions of individual cognitive behavioral therapy. In a progress note dated September 20, 2014, the applicant reported ongoing complaints of shoulder and elbow pain. The applicant was receiving psychological counseling at a rate of thrice weekly. The applicant was using naproxen, Prilosec, and Medrox lotion, it was acknowledged. Ongoing complaints of elbow and shoulder pain were appreciated, long with depressive symptoms. The applicant was asked to continue medications including naproxen, Prilosec, Norco, and a TENS unit. The applicant was deemed "permanently and totally disabled." In an August 19, 2014 progress note, the applicant reported ongoing multifocal complaints of elbow and shoulder pain. The applicant was asked to continue psychological treatments while remaining "permanently and totally disabled." The applicant remained anxious and depressed, it was acknowledged. In an August 11, 2014 psychology note, the applicant appeared tired, lethargic, and depressed. The applicant's psychologist stated that the applicant required 24 x 7 home care by skilled nurse and transportation to and from all medical appointments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to all medical appointments:** 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 making and keeping scheduled appointments. The request for transportation to and from all medical appointments, thus, is, per ACOEM, an article of applicant responsibility as opposed to an article of payer responsibility. It is further noted that neither the applicant's psychologist nor the applicant's primary treating provider (PTP) have clearly outlined why precisely the applicant is in need of transportation to and from all appointments. It was not never clearly stated why the applicant could not transport herself to and from office visits through private or public conveyance, such as driving a car herself, taking a ride from a family member, and/or public transportation such as a bus. Therefore, the request is not medically necessary.