

Case Number:	CM14-0146143		
Date Assigned:	09/19/2014	Date of Injury:	02/17/2012
Decision Date:	10/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/09/2014

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:

This is a 43-year-old female with a date of injury of 2/17/12. The mechanism of injury was not noted. On 8/6/14, a handwritten note was barely legible. The patient complained of pain in the right elbow with constant shooting pain to the right hand. On exam there was tenderness and restricted range of motion. The plan was to complete occupational therapy, acupuncture, and continue with medications. The diagnostic impression is right lateral and medial epicondylitis, and right carpal tunnel syndrome. Treatment to date: surgery, EMG/NCV (Electromyography / Nerve Conduction Velocity) study, MRI right wrist 3/14/14, occupational therapy, acupuncture, medication management. A UR decision dated 8/21/14 denied the request for transportation to and from all medical appointment. The request for transportation to and from all medical appointments was denied because the patient living situation is not clearly outlined. It is unclear whether the claimant currently lives alone or with any family member who can assist the patient in transportation. There is also limited documentation of significant deficits and functional limitations that would impede the patient with transportation. The medical necessity if not supported by the records submitted for review and medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from all medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletins Number 0218, Subject: Home Health Aides Policy

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

Decision rationale: CA MTUS does not address this issue. ODG states that transportation to and from medical appointments is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. However, the patient has been able to attend his appointments and it is unclear why or what changes have occurred that would not enable the patient to continue get to his appointments. CA MTUS does not address this issue and AETNA does not consider transportation as medically necessary. The patient's living situation is not clearly outlined in the handwritten notes provided on 8/6/14. It is unclear whether she lives alone or if she has family members that can aid in her transportation needs. There is also little documentation of her functional deficits that would inhibit her transportation needs. A rationale identifying why the patient would require transportation to and from all medical appointments despite lack of guideline support was not identified. In addition, the length of time for this request was not identified. Therefore, the request for transportation to and from all medical appointments was not medically necessary.