

Case Number:	CM14-0181159		
Date Assigned:	11/05/2014	Date of Injury:	09/03/2007
Decision Date:	12/11/2014	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	10/31/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 injured worker is a 55-year-old female who reported an injury on 09/3/2007. Her diagnoses included lumbar spine sprain/strain with disc protrusion, degenerative disc disease and neural foraminal narrowing at L5-S1 and 2 mm disc bulge at the L5-S1 level with stenosis and mild facet arthropathy at the L4-S1. Her past treatments included a comprehensive pain management consultation, medications and braces. Diagnostic studies included a positive nerve conduction velocity study performed in 11/2009 and an MRI of the lumbar spine in 07/2013. The progress note dated 09/17/2014 reported the injured worker complained of worsened constant low back pain rated 9/10. She also complained of severe left shoulder pain with all activities of daily living and daily left wrist and hand numbness and tingling. Physical examination of the left shoulder revealed tenderness to palpation with guarded and decreased range of motion in all planes. Her medications included Tramadol ER and Zanaflex. The treatment plan included continuing home exercise program and medications. The request was for pre/postoperative transportation to appointments. The treating provider submitted a rationale letter dated 10/17/2014. The documentation states the injured worker will be restricted from driving on the day of surgery scheduled for 10/22/2014. The injured worker is restricted from driving to the surgery center due to the general anesthetic used during surgery. The documentation also states the injured worker will require postoperative transportation due to the use of a left arm sling and shoulder immobilizer to be worn for 2 to 4 weeks postoperatively. The Request for Authorization form dated 10/17/2014 was also submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Pre-/Post-Operative Transportation to Appointments: 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 & Leg (Acute & Chronic), Transportation (to & from appointments).

Decision rationale: The request for pre/postoperative transportation to appointments is not medically necessary. The Official Disability Guidelines recommend transportation to and from appointments for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self transport. This reference applies to patients with disabilities preventing them from self transport who are age 55 or older and need a nursing home level of care. It was noted that the injured worker needs the transportation due to anesthesia to be used during the surgery and an arm sling and immobilizer to be used after surgery. However, there was a lack of documentation to evidence the appointments would be within the same community as the injured worker. While the injured worker was of valid age, the postoperative arm sling and immobilizer do not constitute a nursing home level of care. As such, the request for pre/postoperative transportation to appointments is not medically necessary.