

Case Number:	CM15-0118324		
Date Assigned:	06/26/2015	Date of Injury:	05/14/2013
Decision Date:	07/27/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 45 year old male sustained an industrial injury on 5/14/13. He subsequently reported right ankle pain. Diagnoses include complex regional pain syndrome. Treatments to date include x-ray and MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience right shoulder and right ankle pain. Upon examination, there is discoloration of the right foot and ankle. There is approximately 5 degrees of dorsiflexion of the right ankle, 10 degrees of plantar flexion of the right ankle. The patient is unable to perform eversion of the right ankle. The right shoulder reveals active range of motion of abduction and flexion are limited to about 40 degrees, internal passive range of motion is limited to about 45 degrees, external range of motion is limited to about 20 degrees, positive impingement signs in the right shoulder were noted. A request for Transportation times (30) days to attend Functional Restoration program was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation times (30) days to attend Functional Restoration program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of health care services-California, Non Medical transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter and transportation and pg 66.

Decision rationale: According to the guidelines, transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the claimant was not staying in a community such a skilled nursing facility. Although, there may be limitations to self-transport, it is not supported by the guidelines and is not medically necessary.