

Case Number:	CM15-0122689		
Date Assigned:	07/06/2015	Date of Injury:	03/13/2009
Decision Date:	07/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/25/2015

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:

The injured worker is a 50 year old female, who sustained an industrial injury on 3/13/2009. The mechanism of injury is unknown. The injured worker was diagnosed as having carpal tunnel syndrome with prior carpal tunnel release and persistent left wrist pain and left lateral epicondylitis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 6/10/2015, the injured worker complains of increased neuralgia since stopping the Topiramate. Physical examination showed left elbow tenderness and left ulnar hamate tenderness. The treating physician is requesting medical transportation to and from physician evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical transportation to and from physician evaluations, QTY: 1.00: 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 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 is able to drive but not for prolonged periods. However, the claimant does not stay in a community setting such as a skilled nursing facility where there are patients with similar disabilities. As a result, the request for transportation is not medically necessary.