MAXIMUS Federal Services

Case Number:	CM15-0072255		
Date Assigned:	04/22/2015	Date of Injury:	02/15/2001
Decision Date:	05/22/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/16/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

February 15, 2001. The injured worker previously received the following treatments psychiatric and psychological care, Abilify, Cymbalta, Nucynta, Clonidine, Lidoderm, Nexium, Zantac, Carafate, Biofreeze, bilateral trapezius trigger point injections, electric scooter, psychiatric and psychological care. The injured worker was diagnosed with depression, CRPS (complex regional pain syndrome), severe major depressive disorder, sleep disturbance, narcotic dependent state, right lateral epicondylitis, refractory cervical myofascitis, right shoulder impingement, partial thickness rotator cuff tear/AC joint hypertrophy, sleep disturbances, right carpal/cubital tunnel syndrome, narcotic dependent state and neuro-dermatitis. According to progress note of March 5, 2015, the injured workers chief complaint was worsening depression with admission to the hospital. The physical exam noted the injured worker in an electric scooter. The injured worker was very anxious, appeared chronically ill and overweight. There was severe left upper extremity allodynia, atrophy and disfigurement with very long nails. The treatment plan included transportation to all medical visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to all medical visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS treatment options Page(s): 40 and 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg procedure summary online version; Department of Health care services - california www.dhcs.ca.gov/services/medi-cal.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg Chapter, Transportation.

Decision rationale: The patient presents on 03/05/15 with worsening depression and psychological deterioration following medication denials. The patient's date of injury is 02/15/01. Patient is status post trigger point injections to the bilateral trapezius muscles on 03/05/15. The request is for TRANSPORTATION TO ALL MEDICAL VISITS. The RFA is dated 03/13/15. Physical examination dated 03/05/15 indicates that this patient appears anxious, chronically ill, and overweight. The patient presents to the examination with an electric scooter. The provider notes severe left upper extremity allodyna, atrophy, and disfigurement. No specific examination findings are included. The patient is currently prescribed Abilify, Cymbalta, Nucynta, Lovastatin, Avapro, Norvisc, Clonidine, Biotene mouthwash, Lidoderm patches, Nexium, Zantac, and Carafate. Diagnostic imaging was not included. Patient is currently classified as 100 percent permanently disabled. MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the Knee and Leg Chapter on Transportation states, "Recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." Aetna Guidelines do support transportation services if it is essential to medical care. Evidence of medical necessity that specifically identifies the medical condition needs to be provided. Regarding transportation for this patient to all medical visits, the request is appropriate. Progress note dated 03/05/15 indicates that this patient is confined to an electric scooter, requires consistent daily in-home medical care, and has a severely disfigured left upper extremity. ODG supports transportation to-and-from medical appointments for patient's whose condition makes self-conveyance impossible. Given this patient's level of disability and the clearly demonstrated need for continued medical and psychiatric care, transportation to medical visits is substantiated. The request IS medically necessary.