

Case Number:	CM15-0072294		
Date Assigned:	04/22/2015	Date of Injury:	10/18/2013
Decision Date:	06/11/2015	UR Denial Date:	03/23/2015
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:

The injured worker is a 48 year old female who sustained a work related injury October 18, 2013. She developed right greater than left upper extremity pain, which increased over time, and was diagnosed with right carpal tunnel syndrome. According to a physician's progress notes, dated February 11, 2015, the injured worker presented with longstanding left wrist pain. She wears a brace all the time and has pain which waxes and wanes in severity. Diagnosis is documented as left ulnar impaction with TFCC tear (triangular fibrocartilage complex). Treatment plan included steroid injection at visit, and request for authorization for left wrist arthroscopy with TFCC debridement versus repair and ulnar shortening osteotomy, post-operative splinting, and therapy. At issue, is the request for transportation for a post-operative appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to post-op appointment: 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 Knee & Leg chapter, Transportation (to & from appointments) AETNA guidelines on transportation: (www.aetna.com) Transportation.

Decision rationale: The patient presents with left wrist pain. The request is for transportation to post-op appointment. The request for authorization is not provided. MRI of the left wrist, date unspecified, shows left ulnar impaction with TFCC tear. NCS of the upper extremity, date unspecified, shows normal study. Physical examination of the left wrist reveals moderate swelling with pain over ulnar recess. Pain with UD and supination. Normal range of motion of wrist and fingers. Push-up test positive. Patient wears wrist brace all the time but hurting constantly. Patient would like to try steroid injection first but understands that this will likely require surgical management. Per progress report dated 10/28/14, the patient is temporarily totally disabled. ODG-TWC guidelines, Chapter 'Knee & Leg' and Title 'Transportation (to & from appointments)', recommend transportation "for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: 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. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice." AETNA has the following guidelines on transportation: Per AETNA guidelines, "The cost of transportation primarily for, and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." Treater does not discuss this request. Per request for authorization dated 02/13/15, procedure requested is "L wrist arthroscopy w/ TFCC repair v. Debridement ulnar shortening osteotomy." In this case, if the patient was to undergo left wrist procedure, transportation may need to be provided, as the patient would not be able to self-transport due to wrist surgery. However, the requested surgery is not yet authorized and not scheduled. Therefore, the request IS NOT medically necessary.