

Case Number:	CM15-0075727		
Date Assigned:	05/14/2015	Date of Injury:	05/05/1997
Decision Date:	06/15/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/20/2015

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:

This 49-year-old woman sustained an industrial injury on 5/5/1997. The mechanism of injury is not detailed. Diagnoses include cervical radiculopathy and bilateral carpal tunnel syndrome with repair and residual mild right carpal tunnel syndrome. There is also notation of multiple cervical spine and right shoulder surgeries. Treatment has included oral medications and surgical intervention. Physician notes dated 2/25/2015 show complaints of continued neck and right shoulder pain. Recommendations include extension of gastrointestinal endoscopy, Lyrica, Hydrocodone/Acetaminophen, Nexium, transportation to and from medical appointments, send reports from AME, including esophogram and and-evaluation, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation: 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 chapter, Transportation (to & from appointments) AETNA transportation website www.aetna.com).

Decision rationale: Based on the 02/25/15 progress report provided by treating physician, the patient presents with neck and right shoulder pain rated 6-7/10. The patient is status post C4-6 laminoplasty 09/03/08, reconstruction of right laminar C5 plate 09/08/09; unfused reconstruction of the laminar plate, status post 5 surgeries for right shoulder, most recent 2013; status post bilateral carpal tunnel surgery with residual mild right carpal tunnel syndrome. The request is for TRANSPORTATION. RFA dated 03/25/15 was provided. Patient's diagnostic impression on 04/22/15, 02/25/15 and 10/29/14 included electro diagnostic evidence of chronic right C5 radiculopathy, history of right ulnar nerve entrapment at elbow, left iliac crest donor site for bone graft, bilateral thumb pain rule out arthritis, GI discomfort, history of peptic ulcer disease, left lateral epicondylitis, complaint of food pocketing in neck in the area of the anterior cervical spine surgery. Treatment to date has included surgical interventions, imaging studies and medications. Patient's medications include Lyrica, Hydrocodone, Nexium and Prilosec. The patient is off work, per 02/25/15 report. Treatment reports were provided from 06/16/14 - 04/22/15. ODG-TWC guidelines, Knee chapter under Transportation (to & from appointments) states: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)" AETNA has the following guidelines on transportation: "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." Per 02/25/15 progress report, treater states the patient "is not driving. Some of the doctors' offices are not accessible by BART or reasonably by other public transportation." Per 04/22/15 report, the patient "will be moving to an area in which it will be a three-hour bus drive to the BART. There are offices that she goes to that are not accessible by BART." In this case, treater has discussed difficulty of public transportation, and given patient's surgical history, transportation to medical appointments would appear to be indicated. However, there is no mention that the patient has disabilities preventing her from self-transport, besides inability to drive. Per 04/22/15 report, physical examination revealed, "Sit to stand and gait are within normal limits." Furthermore, treater does not document the patient's social situation. It is not clear why a friend or a family member cannot drive the patient to the medical appointments. Additionally, the medical reports do not indicate nursing home level care. Therefore, the request IS NOT medically necessary.