

<b>Case Number:</b>	CM15-0093722		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 32-year-old who has filed a claim for chronic shoulder and hand pain reportedly associated with an industrial injury of October 30, 2013. In a Utilization Review report dated May 12, 2015, the claims administrator denied a request for transportation service. A RFA received on April 29, 2015 and an associated progress note of April 14, 2015 were referenced in the determination. The claims administrator did acknowledge, however, that the applicant was scheduled to undergo shoulder surgery on May 6, 2015. The claims administrator framed the request as a request for transportation to and from the surgery site. The applicant's attorney subsequently appealed. On April 14, 2015, the attending provider suggested that the applicant move forward with a previously planned left shoulder arthroscopy. Motrin and tramadol were endorsed, apparently for postoperative use purposes. The note was handwritten and somewhat difficult to follow. There was no explicit mention of the need for medical transportation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Transportation service to and from surgical facility:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Transportation (to & from appointments).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee, Transportation (to & from appointments).

**Decision rationale:** Yes, the request for transportation to and from a surgical facility was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, ODGs Knee Chapter Transportation topic does acknowledge that transportation to and from appointments is recommended for medical appointments for applicants with disabilities preventing them from self-transport. Here, the applicant was scheduled to undergo shoulder surgery, it was suggested above. The applicant would likely have been incapable of transporting herself home following the shoulder arthroscopy, which would, in all likelihood, have taken place under general anesthesia. The applicant would, thus, likely have experienced issues with postoperative sedation which would have effectively prevented from driving home safely. Therefore, the request for transportation to and from the surgical facility was medically necessary.