

Case Number:	CM15-0095502		
Date Assigned:	05/22/2015	Date of Injury:	09/21/2011
Decision Date:	06/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/18/2015

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: North Carolina
 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:

This 59-year-old female sustained an industrial injury on 9/21/11. She subsequently reported right upper extremity pain. Diagnoses include right shoulder impingement and sprain/ strain of right shoulder. Treatments to date include MRI and x-ray testing, therapy, injections and prescription pain medications. Treatments to date include prescription medications. The injured worker continues to experience right shoulder pain and has a pending surgery. Upon examination, tenderness to palpation was noted in the right shoulder region, positive impingement symptoms and positive crepitus were noted. A request for Pre/Post operative transportation appointment and Post Operative Deep Vein Thrombosis compression home unit with bilateral calf sleeve (30-day rental) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre/Post operative transportation appointment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Shoulder (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, transportation.

Decision rationale: The California MTUS and ACOEM do not directly address the requested service. The ODG states transportation to and from appointments is recommended when medically necessary (transportation to appointments in the same communities for patients with disabilities preventing them from self transport). There is no indication the patient is unable for public transportation or family assistance with transportation and therefore the request is not medically necessary.

Post Operative Deep Vein Thrombosis compression home unit with bilateral calf sleeve (30 day rental): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Shoulder (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, upper extremity surgery.

Decision rationale: The California MTUS and ACOEM do not directly address the requested service. The ODG states transportation to and from appointments is recommended when medically necessary (transportation to appointments in the same communities for patients with disabilities preventing them from self transport). There is no indication the patient is unable for public transportation or family assistance with transportation and therefore the request is not medically necessary.