

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	4/24/2006
IMR Application Received:	8/7/2013
MAXIMUS Case Number:	CM13-0008172

- 1) MAXIMUS Federal Services, Inc. has determined the request for **transportation to all industrial workers compensation appointments QTY five (5) is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/7/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request **for transportation to all industrial workers compensation appointments QTY five (5) is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 37-year-old male who reported injury on 04/24/2006. The mechanism of injury was stated to be the patient was attacked by an inmate involving a stab wound with an ice pick type weapon and the patient was subsequently pulled to the ground, kicked, and beaten up, and knocked unconscious. The patient was noted to have complaints of headaches, pain, and to suffer from depression and anxiety. The patient's diagnoses were stated to be thoracic radiculopathy, depression and anxiety, post-traumatic stress disorder, and cervical radiculopathy. The plan was noted to include transportation to all industrial Workers' Compensation appointments quantity 5.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for transportation to all industrial workers compensation appointments QTY five (5):

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Medicare transportation non-(non-urgent) 2009. [Http://www.nvcmccap.org/guide/chap06b.html](http://www.nvcmccap.org/guide/chap06b.html), which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Knee & Leg Chapter, Online Version, Transportation section.

Rationale for the Decision:

A review of the records indicates that in the notes dated 06/07/2013 revealed that the physician stated the physical examination was deferred. It was stated that the employee was noted to have persistent difficulties with transportation to all industrial appointments. It was stated the request for transportation for all the industrial appointments was made so that the employee would maintain compliance. California MTUS/ACOEM Guidelines do not address transportation. Official Disability Guidelines recommend transportation to and from appointments when medically necessary and in the same community for patients with disabilities preventing them from self-transport. The clinical documentation submitted for review failed to provide a thorough physical examination with objective findings indicative of the employee's inability to self-transport. Additionally, it failed to provide exceptional factors to warrant non-adherence to guideline recommendations. **The request for transportation to all industrial workers compensation appointments QTY five (5) is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sce

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.