MAXIMUS Federal Services

Case Number:	CM13-0025301		
Date Assigned:	11/20/2013	Date of Injury:	07/18/2011
Decision Date:	02/13/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Indiana, Michigan, Nebraska and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old male who reported a work-related injury on 07/18/2011, as a result of a significant crush injury sustained from a motor vehicle versus pedestrian accident. The patient subsequently suffered a complex pelvic fracture, L1-4 transverse process fractures, membranous urethral injury, as well as devolving of the right thigh and right lower extremity. A Qualified Medical Examination documents the patient's course of treatment and his inability to drive. The patient reported his spouse transports him to and from medical appointments, as well as for any outdoor activities. Clinical note dated 10/16/2013 reports the patient was seen under the care of the requesting physician for his continued chronic pain complaints status post history of traumatic injury. The provider documents observation of atrophy of the left calf muscle when compared to the right, and the left quadriceps thigh was atrophied. The provider documented the patient had motor strength to the left lower extremity significantly decreased at 3/5, with 5/5 to the right. Additionally, it was noted the patient had pitting edema to the bilateral lower extremities. The provider documents that the patient requires that transportation be provided to and from all medical appointments for his injuries, because the patient reports he is unable to tolerate driving in excess of 20 miles round trip, as it causes a subsequent pain flare-up to the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from all medical/procedure appointments: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 06/07/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: The current request is supported. Official Disability Guidelines indicate transportation to and from medically necessary appointments in the same community for patients with disabilities preventing them from self-transport is recommended. The clinical notes document the patient is unable to tolerate driving as a result of the injuries he sustained in 07/2011. The patient is status post complex pelvic fracture, status post closed reduction percutaneous fixation of the left sacroiliac joint, status post open reduction and internal fixation for the anterior pelvic ring. He is additionally diagnosed with bilateral lower extremity pain secondary to a crush injury, as well as left foot drop and bilateral paresthesias in the calf and tibial region. The provider documents the patient is generally transported to and from appointments via his spouse. Because the patient presents with the inability to safely self-transport due to his significant traumatic injuries and secondary to chronic opioid utilization, the request for transportation to and from all medical/procedure appointments is medically necessary and appropriate.