

Case Number:	CM13-0025904		
Date Assigned:	11/20/2013	Date of Injury:	11/07/2005
Decision Date:	01/30/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/18/2013

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 Anesthesiology and is licensed to practice in California, New Mexico 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:

This is a 43-year-old female patient with a date of injury of 11/07/05. The patient's past medical history includes right hip osteoarthritis, degenerative spondylolisthesis with severe central canal stenosis at L4-L5 with pressure on the cauda equinae, moderate right hip and radicular low back pain and obesity. The patient has had several prior surgical procedures and injections including posterior laminotomy and fusion C3-C6, Left hip replacement, Right hip replacement in 2013 and lumbar epidural steroid injections. The patient ambulates with a rolling walker and is noted to have difficulty performing activities such as grocery shopping due to leg weakness. This request is for transportation 24 hours a day, 7 days a week on an on call basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation twenty four (24) hours a day, seven (7) days a week; on an on call basis:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home Health Services Section.

Decision rationale: Documentation dated May 9, 2013 states that this patient is already appropriately receiving transportation to and from medical appointments. The medical necessity for transportation, on call, 24 hours a day, 7 days a week is not specifically addressed in the MTUS Guidelines. According to the medical documentation, it seems this request is in reference to the patient's inability to perform activities such as grocery shopping. This most appropriately falls under Home Health Services, MTUS Guidelines. MTUS clearly states medical treatment provided by home health services does not include shopping. ODG also addresses homemaker services such as shopping and does not recommend this as part of medical treatment. No additional, specific reasons for 24 hour a day on call transportation were given. Certainly if an emergency situation arises it would be most appropriate to call for emergency transportation via 911. In the case of an emergency, 24 hour on call transportation would then be redundant. Therefore, for the above reasons the requested treatment/service is considered not medically necessary.