

Case Number:	CM13-0030664		
Date Assigned:	11/27/2013	Date of Injury:	12/22/1999
Decision Date:	11/18/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey and New York. 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/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 injured worker is a 48 year-old female who was injured on 12/22/99. She complained of lower back radiating to bilateral legs with numbness and tingling of top fo left foot. On exam, she had tender lumbar paraspinal muscles, decreased range of motion of the lumbar spine with positive straight leg raise, normal motor of lower extremities, and decrease sensation of left L5 and right S1 dermatomes. She was diagnosed with chronic lumbar strain with bilateral pars defect, status post anterior lumbar interbody fusion at L4-5 on 3/22/04 and lumbar foraminotomy at L5-S1 bilaterally on 10/22/08, right knee pain with altered gait, and right foot plantar fasciitis. The patient ambulated with a cane. An MRI in 7/2014 showed a disc bulge with facet arthropathy with left L5 nerve root encroachment. A recent fall left her with left shoulder pain. Her treatment plan included medications like narcotics, Soma, topical analgesic, and Valium, activity modification, and physical therapy. However, the request is for medical transportation to and from doctor's office and physical therapy appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSPORTATION TO AND FROM DOCTOR'S OFFICE AND PHYSICAL THERAPY APPTS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS guidelines do not address the need for transportation to and from appointments. According to the ODG, transportation is recommended when medically necessary and for patients with disabilities that prevent self-transport. The patient is able to ambulate but with a cane. There is documentation of exam findings showing decreased paresthesias but normal motor strength. There is no documented reason that patient would require medical transport. Therefore the request is not medically necessary.