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| Case Number: | CM13-0035050 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 05/06/2009 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 10/08/2013 |
| Priority: | Standard | Application Received: | 10/16/2013 |

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 Occupational Medicine 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 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 44 year old female with date of injury of 5/6/2009. The request is for transportation to her medical appointments. The patient has had right knee arthroscopy with partial medial meniscectomy and medial femoral condyle and troclear chondroplasty (1/23/2012), right total hip revision (3/2/2012). She has constant pain in her right knee and right hip. The patient walks with a cane, lives at home with a partner and children. She is on medications including Celebrex, norco, Seroquel, Xanax, morphine, flexeril and gabapentin. She has a normal neurological exam as of 10/14/2013. She is pending right knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roundtrip transportation to/from [REDACTED] appointments (quantity 1): Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee leg, transport (Medicare).

Decision rationale: MTUS does not address transportation. There are no specific indications in the PR-2 notes as to why the transport was requested. The patient is pending knee replacement.

ODG does recommend transportation. The patient has persistent right knee pain and is on multiple pain medications. Both of these can limit a patient's ability for self-transport. Therefore, as guides allow for transportation to medical appointments, it is appropriate.