

Case Number:	CM13-0043589		
Date Assigned:	12/27/2013	Date of Injury:	02/28/1998
Decision Date:	06/20/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/24/2013

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 Internal 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 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 66 year old female who reported an injury on 02/28/1998. The mechanism of injury was not provided. The diagnoses included bilateral knee pain and status post right knee arthroplasty on 11/21/2013. Per the 12/05/2013 clinical note, the injured worker could fully weight bear and extend her knee. The treatment plan included visiting nurses, home therapy, and pain medications. Per the 01/16/2014 clinical note, the injured worker reported increased knee pain, hip pain, and radiating neck pain. The injured worker's gait was noted to be antalgic with the assistance of a walker. Examination of the right knee noted a large, well healing incision, as well as severely limited range of motion and tenderness to palpation. The injured worker demonstrated a decreased patella reflex on the right and decreased strength throughout the right extremity. The treatment plan included additional home physical therapy. The provider noted the injured worker did not have any relatives or friends who could help take her to follow up appointments. It was noted the injured worker had no resources in terms of family or money to get to her routine appointments and she was unable to take public transportation. Per the 02/20/2014 clinical note, the injured worker could actively fully extend her knee and was getting around with a walker. The provider requested transportation to physical therapy, as she was not driving yet. The request for authorization form for transportation services was submitted 12/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSPORTATION SERVICES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG), Cornerstones Of Disability Prevention And Management, Chapter 5, page 91. Additionally, Official Disability Guidelines (ODG), Knee, Transportation (to & from appointments).

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

Decision rationale: The request for transportation services is non-certified. The Official Disability Guidelines state, transportation (to and from appointments) is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The medical records provided indicate the injured worker did not have friends or family to help get her to follow-up appointments. However, there is a lack of documentation regarding the injured worker's ability to self-transport. The injured worker was mobile with the assistance of a walker and could fully extend her right knee. There is no indication as to why the injured worker was unable to drive. As such, the request for transportation services is not medically necessary and appropriate.