

Case Number:	CM13-0045600		
Date Assigned:	12/27/2013	Date of Injury:	12/18/2012
Decision Date:	05/20/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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 Preventive 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:

According to the records made available for review, this is a 27-year-old male with a 12/18/12 date of injury. At the time (12/18/12) of request for authorization for retro emergency medical air transportation, there is documentation of subjective; right knee and back pain resulting from a fall from approximately 4 feet and objective; obvious right knee deformity with effusion findings. The imaging findings of x-rays of the right knee (12/18/12) report revealed an avulsion fracture at the femoral origin of the MCL, of uncertain age; small knee joint effusion is noted. The current diagnosis is right knee sprain. The treatment to date is a knee splint. In addition, 5/1/13 medical report rationale identifies that the patient had a high potential of serious life and limb threatening complications en-route and air transport was chosen for close monitoring, critical care intervention, and brief transport time to the hospital to ensure positive long term outcome from the injury/condition. There is no documentation of a medical condition that requires immediate and rapid ambulance transportation that could not have been provided by ground ambulance; and either the point of pickup is inaccessible by ground vehicle, or great distances or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO EMERGENCY MEDICAL AIR TRANSPORTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC Knee & Leg, Initial Diagnosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services, Regulations and Guidance, Manuals

Decision rationale: The California MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of a medical condition that requires immediate and rapid ambulance transportation that could not have been provided by ground ambulance; and either the point of pickup is inaccessible by ground vehicle, or great distances or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities, as criteria necessary to support the medical necessity of emergency medical air transportation. Within the medical information available for review, there is documentation of a diagnosis of right knee sprain. However despite documentation of a rationale identifying the patient had a high potential of serious life and limb threatening complications en-route and air transport was chosen for close monitoring, critical care intervention, and brief transport time to the hospital to ensure positive long term outcome from the injury/condition, and given documentation of subjective (right knee and back pain resulting from a fall from approximately 4 feet) and objective (obvious right knee deformity with effusion) findings, there is no documentation of a medical condition that requires immediate and rapid ambulance transportation that could not have been provided by ground ambulance; and either the point of pickup is inaccessible by ground vehicle, or great distances or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities. In addition, given documentation of a discharge diagnosis of right knee sprain, there is no documentation of a rationale identifying the medical necessity of the requested emergency medical air transportation. Therefore, based on guidelines and a review of the evidence, the request for retro emergency medical air transportation is not medically necessary.