

Case Number:	CM13-0062160		
Date Assigned:	12/30/2013	Date of Injury:	07/18/2011
Decision Date:	05/06/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine and Rehabilitation 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:

This patient sustained an injury on 7/18/11 while employed by [REDACTED]. Request under consideration include TRANSPORTATION TO AND FROM ALL MEDICAL/PROCEDURE APPOINTMENTS. The patient is s/p ORIF for pelvic fracture and closed reduction fixation for left sacral iliac joint and sacrum with abscess drainage in July 2011 with subsequent debridement and skin graft in September 2011. The patient has completed extensive physical therapy, able to ambulate with any assistive devices. Report of 11/13/13 from the provider noted patient with complaints of low back, bilateral lower extremity and hip pain rated at 6-7/10. No other change and other symptoms denied; quality of sleep was good. Exam noted skin graft of bilateral thigh and posterior tibial at right lower extremity was intact with sensation intact; calf and quadriceps atrophy on left compared to right; slowed wide-based gait; ambulated without use of walker, crutches, or any other assistive devices; tenderness over trochanter scars at site of pelvic fracture reduction; generalized tenderness of knees with stable valgus and varus stress at 30 degrees extension; motor exam of 5-/5 throughout except for 4/5 left knee extensor with EHL 1st toe of 3/5 bilaterally; sensory decreased over lateral and medial foot and calf (diffuse pattern); negative SLR; pitting edema in bilateral lower extremities. Diagnoses included disorder of coccyx NEC (not elsewhere classified); pain in limb; pain in joint lower leg; sciatica; and venous insufficiency in lower leg. Request for Transportation to and from all medical/procedure appointments was non-certified on 11/25/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSPORTATION TO AND FROM ALL MEDICAL/PROCEDURE APPOINTMENTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg, Transportation (to and 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, 354

Decision rationale: ACOEM, MTUS do not address transportation to and from physical therapy appointment; however, ODG does recommend medically-necessary transportation to appointments for patients with disabilities preventing them from self-transport. Per extensive chart review, there appears to be no medical reason why the patient would not be able to drive or take public transportation. Submitted reports have not demonstrated adequate support for treatment request and do not provide supporting medical reasoning indicating why the patient cannot drive or use public transportation. The TRANSPORTATION TO AND FROM ALL MEDICAL/PROCEDURE APPOINTMENTS is not medically necessary and appropriate.