

<b>Case Number:</b>	CM13-0069389		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/21/2013

### 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 Orthopedic Surgery, 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 60-year-old male who reported an injury on 12/06/2011 after he stepped off an elliptical machine. The injured worker reportedly sustained an injury to multiple body parts to include his right knee. The injured worker's treatment history included a surgical intervention, postsurgical physical therapy, Synvisc injections, and multiple medications. Agreed Medical Evaluation dated 06/20/2013 did not provide a summary of any records from the requested date of service for this injured worker. Additionally, there were no clinical notes from the requesting provider submitted for review. The injured worker was evaluated on 01/30/2013, it was documented that the injured worker had continued lumbar spine pain and cervical spine pain. The injured worker's diagnoses included cervical discopathy with radiculitis, lumbar discopathy with radiculitis, carpal tunnel/double crush syndrome, right hip trochanteric bursitis, internal derangement of the bilateral knees, status post right knee arthroscopy, left knee meniscus tear with chondromalacia patella, and electrodiagnostic evidence of bilateral ulnar neuropathy. The injured worker's treatment plan from that physician included a lumbar epidural steroid block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBULANCE SURGERY CARE FOR DOS 02.04.13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (CMS 2009) (ODG Knee Chapter).

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

**Decision rationale:** The requested ambulance surgery care for DOS 02/04/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address transportation. Official Disability Guidelines Knee and Leg Chapter indicates that transportation to and from medical appointments within a given community is appropriate for injured workers who cannot transport themselves; however, there is no documentation from the date of service to determine the appropriateness of this request. Additionally, a review of the records does not provide any indication the injured worker was a surgical candidate at that time or required transportation to and from medical appointments. As such, the requested ambulance surgery care for date of service 02/04/2013 is not medically necessary or appropriate.