MAXIMUS Federal Services

Case Number:	CM13-0069953		
Date Assigned:	05/07/2014	Date of Injury:	12/06/2007
Decision Date:	07/09/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 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 patient is a 50-year-old male who has submitted a claim for L2 Burst Fracture S/P L1-L3 Fusion with Post-operative Infection, and L5-S1 Degenerative Disc Disease with Neuroforaminal Narrowing S/P L5-S1 Anterior Lumbar Disc Fusion, associated with an industrial injury date of December 6, 2007.Medical records from 2013 were reviewed, which showed that the patient complained of lumbar pain rated 5-6/10. On physical examination, there was normal reflex, sensory, and strength testing of the bilateral upper and lower extremities except for decreased right ankle reflex. Straight leg raise and bowstring were negative. The patient ambulated with a cane but was able to heel- and toe-walk. There was minimal lumbar tenderness noted. Lumbar spine range of motion was decreased 30%. Pulses were normal bilaterally and the incision was well healed.Treatment to date has included medications, L1-3 fusion, L5-S1 anterior lumbar interbody fusion and decompression, and post-operative physical therapy.Utilization review from October 29, 2013 modified the request for outpatient diagnostics or services: transportation to and from all appointments including PT to transportation to and from [redacted] office for the next 2 office visits because the injured worker should be about 6 months post-surgery by the second office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT DIAGNOSTICS OR SERVICES: TRANSPORTATION TO AND FROM ALL APPOINTMENTS INCLUDING PHYSICAL THERAPY.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Transportation (To and From Appointments).

Decision rationale: CA MTUS does not specifically address transportation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, transportation to and from appointments including PT and physician appointments was requested due to the patient's blindness. The medical records showed that the patient was being accompanied by his daughter during office visits. However, there was no discussion regarding inability of the daughter to accompany the patient on future office visits, which may require self-transport. Furthermore, the present request failed to specify the length of time that the patient will be requiring medically-necessary office visits. The duration of physical therapy was also not specified. Therefore, the request for outpatient diagnostics or services: transportation to and from all appointments including physical therapy is not medically necessary. The request is not medically necessary and appropriate.