

Case Number:	CM14-0119177		
Date Assigned:	08/06/2014	Date of Injury:	10/02/2001
Decision Date:	09/15/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/29/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 67-year-old male with an injury date of 10/02/2001. According to the 06/10/2014 progress report, the patient complains of left shoulder pain rating it as an 8/10, lower back pain rating it as an 8/10, and left knee pain rating it as an 8/10 as well. The patient has pain, numbness, and tingling along the posterior left lower extremity into the great toe and second toe. His low back pain awakens him at night, and he reports having a difficult gait. Palpation elicits tenderness over the paralumbar muscles bilaterally. In regards to the shoulder, palpation elicits tenderness over the rotator cuff expense to the left shoulder. His lumbar spine and his shoulder are both limited in range of motion. In regards to the knee, palpation elicits tenderness over the parapatellar area of the left knee, and there is pain upon flexion/extension. An x-ray of the left knee revealed the following: 1. Status post left knee replacement. No plain radiographic evidence for hardware complication. 2. Degenerative arthritic changed involving the medial compartment and patellofemoral articulation of the right knee. The patient's diagnoses include the following: 1. Left rotator cuff syndrome. 2. Lumbar spine spondylosis. 3. Lumbar spine herniated nucleus pulposus. 4. Sciatica. 5. Status post left total knee arthroplasty. 6. Knee osteoarthritis, degenerative joint disease. 7. Left knee joint effusion. 8. Bilateral lower extremity radiculitis. 9. Diabetes mellitus for more than 25 years. The utilization review determination being challenged is dated 07/09/2014. Treatment reports were provided from 11/18/2013 - 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from doctors appointments: 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) ODG-TWC guidelines, knee chapter online for Transportation (to & from appointments).

Decision rationale: According to the 04/10/2014 progress report, the patient complains of left shoulder pain, lower back pain, and left knee pain. The request is for transportation to and from the doctor's appointments. MTUS Guidelines do not address this request. ODG Guidelines states, "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." IN this case, there are no discussion regarding the request. There is no explanation as to why the patient is not able to drive; what family support is or is not available; what disables the patient from self-transport including public transportation and how long the disability will last requiring transportation. Therefore, the request is not medically necessary.