

Case Number:	CM14-0124558		
Date Assigned:	09/03/2014	Date of Injury:	06/16/2011
Decision Date:	10/06/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/06/2014

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 Medicine and Rehabilitation and is licensed to practice in Nevada. 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 36-year-old gentleman who was reportedly injured on June 16, 2011. The mechanism of injury is noted as having a wall bed fall on his head. The most recent progress note dated July 15, 2014, indicates that there are ongoing complaints of pain in the left lower extremity. The physical examination demonstrated mild swelling in the feet and some weakness of the anterior tibialis and extensor hallucis longus rated at 4+/5. Diagnostic imaging studies of the lumbar spine demonstrating instrumentation to be intact. Previous treatment includes a lumbar spine L5 - S1 vertebrectomy and subsequent L5 - S1 fusion, physical therapy, a knee arthroscopy, and epidural steroid injections. A request was made for transportation to and from all medical appointments and was not certified in the pre-authorization process on July 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to all medical appointments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): step 5.

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, Transportation, Updated August 25, 2014.

Decision rationale: According to the Official Disability Guidelines, transportation to and from medical appointments is recommended for medically necessary transportation for patients with disabilities preventing them from self-transport. According to the most recent progress note, dated July 15, 2014, there are no physical examination findings that would indicate that the injured worker is not capable of self-transport. As such, this request for transportation to and from all medical appointments is not medically necessary.