

<b>Case Number:</b>	CM14-0133974		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 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:

Injured worker (IW) is a 64 year old female who sustained an industrial injury on 06/04/13. She is s/p lumbar laminectomy and fusion on 04/03/14. She required hospitalization for pain control following surgery, and was discharged on medications including gabapentin and cyclobenzaprine. On 6/04/14 office note documented development of sharp left lower extremity pain following surgery, and L5 myotomal weakness was noted on physical exam. 12 sessions of postoperative physical therapy were certified 06/20/14 and an additional 12 sessions were certified 11/14/14. RFA states: "patient at this time needs assistance with transportation to and from her physical therapy & doctors visits due to still recovering from spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical Transportation to and from doctor:** 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), Knee & Leg Chapter, Transportation (to & 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 & Leg Chapter, Transportation (to & from appointments); [http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria\\_32\\_MedTrans.htm](http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.htm) R-15-98E, Criteria Manual Chapter 12.1

**Decision rationale:** ODG Knee Chapter recommendations concerning transportation to & from appointments state: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice. " Based upon the available documentation it does not appear that the claimant currently requires nursing home level of care, or that she is incapable of self-transport. Per Medi-Cal criteria, 'Nonemergency medical transportation is provided when necessary to obtain program covered medical services and when the beneficiary's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Contraindications to the use of private or public transportation (bicycle, car, taxi, bus) may involve, but are not necessarily limited to: A. Acute, severe, emergency medical conditions as listed in I.A. B. Medical/physical conditions of the beneficiary where the beneficiary is: 1. Unable to ride upright in a private or public vehicle. See II.B.4. 2. Unable to transfer into a private or public vehicle such, as but not limited to cases of: a. Paraplegia. b. Severe dysfunction of upper and lower extremities, e.g., severe paraplegic without bracing who has deforming arthritis of the upper extremities. c. Severe deforming disease of back or lower extremities, e.g., "stiff man syndrome-severe." Circumstances are not documented which would prevent claimant from utilizing private or public transportation to attend physical therapy or doctor visits. Medical necessity is not established for medical transportation in this case. Therefore, the request is not medically necessary.

**Physical Therapy visits x 30 days:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** MTUS recommends up to 34 postoperative physical therapy visits following lumbar fusion. It appears that IW has completed at least 24 postoperative PT visits. Response to previous therapy is not documented. The requested 30 additional PT visits greatly exceed MTUS recommendations. Medical necessity is not established for the requested amount of therapy per MTUS recommendations. In addition, the 6 month postsurgical physical medicine treatment period has been exceeded. Therefore, the request is not medically necessary.