

Case Number:	CM14-0151196		
Date Assigned:	09/19/2014	Date of Injury:	01/24/2000
Decision Date:	10/20/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/16/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old male with a 1/24/00 date of injury and status post right knee arthroscopy 9/3/14. At the time (9/8/14) of request for authorization for unknown transportation to and from all doctors' appointments, there is documentation of subjective (post-operative pain in right knee) and objective (right knee stiffness with swelling and limited range of motion) findings, current diagnoses (status post right knee arthroscopy 9/3/14), and treatment to date (right knee arthroscopy). Medical report identifies a request for transportation to and from all doctors' appointments as the patient underwent right knee surgery on 9/2/14 and he is unable to drive. There is no documentation of disabilities preventing patients from self-transport (being driven by relatives or friends, and public transportation).

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown transportation to and from all doctors appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a)

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

Decision rationale: MTUS does not address this issue. ODG identifies documentation of disabilities preventing patients from self-transportation (driving, being driven by relatives or friends, and public transportation) as criteria necessary to support the medical necessity of Transportation. Within the medical information available for review, there is documentation of a diagnosis of status post right knee arthroscopy 9/3/14. However, despite documentation of a request for transportation to and from all doctors' appointments as the patient underwent right knee surgery on 9/2/14 and he is unable to drive, there is no (clear) documentation of disabilities preventing patients from self-transport (being driven by relatives or friends, and public transportation). Therefore, based on guidelines and a review of the evidence, the request for Unknown transportation to and from all doctors' appointments is not medically necessary.