

Case Number:	CM14-0164858		
Date Assigned:	10/09/2014	Date of Injury:	06/18/2013
Decision Date:	12/03/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/07/2014

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, has a subspecialty in Pain 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 injured worker is a 66-year-old individual with in original date of injury of June 18, 2013. The injured worker has industrially related diagnoses of now union of the left fibula and nonunion of the posterior malleolus fracture of the left ankle. The disputed request is for transportation to and from medical visits. A utilization review determination on September 4, 2014 had modified this request to allow only transportation to and from the anticipated surgical procedure on September 5, 2014. According to the utilization reviewer, there was no documentation that the injured worker is taking narcotic medications on an uninterrupted basis or that no available family members or friends could transport the injured worker to medical office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from medical visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services,

California Code of Regulations [CCR], Title 22, Section 51323. Policy on Medical Transportation

Decision rationale: With regard to the request for transportation, the CA MTUS and ODG do not have specific guidelines regarding non-emergency medical transportation. The California Department of Health Care Service states that non-emergency medical transportation is "covered only when a recipient's medical and physical condition does not allow that recipient to travel by bus, passenger car, taxicab, or another form of public or private conveyance. Transport is not covered if the care to be obtained is not a Medi-Cal benefit. Non-emergency medical transportation necessary to obtain medical services is covered subject to the written prescription of a physician, dentist or podiatrist. When transportation is requested on an ongoing basis, the chronic nature of a recipient's medical or physical condition must be indicated and a treatment plan from the physician or therapist must be included. A diagnosis alone, such as "multiple sclerosis" or "stroke," will not satisfy this requirement." In the case of this worker, the documentation does not sufficiently indicate why and how often transportation will be needed. The submitted progress notes from March and May 2014 fail to address the specifics of the transportation issue. This request is not medically necessary.