

Case Number:	CM14-0171231		
Date Assigned:	10/23/2014	Date of Injury:	01/02/1995
Decision Date:	12/31/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family 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:

This is a 50 year old male patient who sustained an injury on 1/2/1995. The current diagnoses include left sacroiliac joint pain, lumbar intervertebral disc displacement and degeneration, lumbar radiculopathy, left knee pain, cervical degenerative disc disease, left greater trochanteric bursitis and status post left foot surgery. According to the doctor's note dated 9/19/14, patient had complaints of left sided low back pain. She is s/p lumbar ESI performed on 6/23/2014 with 60-70% improvement. Physical examination revealed lumbar spine- tenderness, positive Patrick's on the left, positive ASIS distraction on the left, positive sacral compression on the left, negative straight leg raise, range of motion- flexion 60, extension 30, right and left lateral flexion 30 degrees, 5/5 strength and intact sensation in bilateral lower extremities. The current medication list includes Tylenol with codeine, Ambien, Ibuprofen, Fioricet and Soma. Patient has had left hip x-ray dated 8/21/14 with normal findings; bilateral knee X-rays dated 4/2/14 with normal findings. He has undergone left knee arthroscopy with a partial medial meniscectomy on 2/16/2012, back surgery, vasectomy, knee replacement and multiple feet surgery. Patient has had hip injection, radiofrequency rhizotomy at L4-5 and L5-S1 and lumbar epidural injection for this injury. Patient has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from hospital for surgery/procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California www.dhcs.ca.gov/services/medi-cal

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

Decision rationale: Per the cited guidelines, transportation to and from hospital/office is "recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." Evidence of disabilities preventing the patient from self-transport is not specified in the records provided. Presence or absence of a care taker or person that would help in self-transport is not specified in the records provided. The medical necessity of Transportation to and from hospital for surgery/ procedure is not established at this time for this patient.