

Case Number:	CM14-0179902		
Date Assigned:	11/04/2014	Date of Injury:	03/13/2012
Decision Date:	12/12/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/29/2014

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 Orthopedic Surgery 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:

39 year old female claimant with an industrial injury dated 03/13/12. The patient is status post a left knee arthroscopy with chondroplasty and meniscal surgery dated 08/08/14. Exam note 09/18/14 states the patient returns with left shoulder pain, low back pain, and left knee pain. The patient demonstrated a decreased range of motion and decreased strength. The patient was diagnosed with left knee arthritis, internal derangement, left shoulder pain and lumbar spondylitis. Due to her condition the patient was approved for functional restoration to restore her functional abilities, but does not have transportation. Current treatment request is for 30 days of transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Days of Transportation Service: 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 and Leg: Transportation

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: CA MTUS/ACOEM is silent on the issue of transportation. According to the ODG, Knee and Leg Chapter, Transportation is recommended for patients with disabilities preventing them from self-transport. In this case the exam note from 9/18/14 does not demonstrate evidence of functional impairment precluding self transportation. Therefore the request is not medically necessary.