

Case Number:	CM14-0036818		
Date Assigned:	06/25/2014	Date of Injury:	10/08/2012
Decision Date:	07/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/26/2014

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:

The injured worker is a 45 year old female who sustained an injury to her bilateral lower extremities on 10/08/12 due to a slip and fall. Treatment to date has included chiropractic manipulation visits, exercise ball, lumbar spine pillow, right knee brace, and medications. The injured worker also underwent epidural steroid injection on 01/17/14 that provided no significant relief. Ultrasound of bilateral calves dated 03/28/14 revealed right medial gastrocnemius musculature (healing intramuscular tear/resolving hematoma); left normal calf. Physical examination noted no deficiencies in the bilateral lower extremities. The injured worker was diagnosed with lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from doctors appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg; Transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and leg chapter, transportation.

Decision rationale: The request for transportation to and from doctor appointments is not medically necessary. Previous request was denied on the basis that there was no documentation provided to explain whether this injured worker lacks personal/private transportation, does not have access to public transportation, or if the injured worker has a physical deficit or disability that would compromise her ability to drive or utilize public transportation. The frequency/duration of transportation visits was also not noted and it was not clarified if this request was for on date of service. After reviewing the clinical documentation submitted, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for transportation to and from doctor appointments is not indicated as medically necessary.