

Case Number:	CM14-0050144		
Date Assigned:	07/07/2014	Date of Injury:	03/28/2011
Decision Date:	09/05/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and ankle pain reportedly associated with an industrial injury of March 28, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; twenty sessions of acupuncture, per the claims administrator; unspecified amounts of manipulative therapy; and unspecified amounts of aquatic therapy. In a Utilization Review Report dated April 4, 2014, the claims administrator approved a request for aquatic therapy while denying a request for transportation to and from all doctors' visits. The claims administrator invoked non-MTUS ODG guidelines in its decision to deny the medical transportation to and from office visits. The applicant's attorney subsequently appealed. In a work status report dated March 27, 2014, the applicant was placed off of work, on total temporary disability, through July 8 2014. In a psychology letter dated May 16, 2014, the applicant's psychologist stated that the applicant was off of work from a mental health perspective. In a medical-legal evaluation of May 15, 2014, it was acknowledged that the applicant was not working, was reportedly a qualified injured worker, but was reportedly not in need of any driving assistance or home care. It appears that authorization was sought for transportation assistance and pool therapy via a doctor's first report of March 4, 2014, at which point it appeared that the applicant had transferred care to a new primary treating provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to all doctors visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Employee's/Patient's Role..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes making and keeping physicians' appointments. Thus, by implication, the transportation being sought by the attending provider, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.