

Case Number:	CM14-0069962		
Date Assigned:	07/14/2014	Date of Injury:	08/08/2009
Decision Date:	09/10/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/15/2014

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:

This patient sustained an injury on 8/8/09 while employed by [REDACTED]. Request(s) under consideration include Transportation for the Functional restoration program. Diagnoses include medial meniscus old bucket handle tear and lumbar sprain/strain. Review indicated the patient is participating in a functional restoration program per report of 5/1/14 with noted improvement in pain and function especially with pushing, pulling, lifting and riding a bicycle, an additional two weeks of FRP or equivalent of 60 hours in part-time to address residual deficits. Transportation is being requested to attend the additional FRP sessions. Request(s) for Transportation for the Functional restoration program was non-certified on 5/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation for the Functional restoration program: 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)- TWC, Knee and Leg Procedure Summary ; 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) Transportation, page 354.

Decision rationale: ACOEM, MTUS do not address transportation to and from physical therapy appointment; however, ODG does recommend medically-necessary transportation to appointments for patients with disabilities preventing them from self-transport. Per review, there appears to be no medical reason why the patient would not be able to drive or take public transportation. Submitted reports have not demonstrated adequate support for treatment request and do not provide supporting medical reasoning indicating why the patient cannot drive or use public transportation. There was no documentation regarding how far the patient needed to travel or how long the patient needed to sit to wait for her appointments nor do reports address other options that have been exhausted or comorbidities preventing patient to travel by alternative means. The Transportation for the Functional Restoration Program is not medically necessary and appropriate.