

Case Number:	CM14-0071792		
Date Assigned:	07/16/2014	Date of Injury:	09/16/2008
Decision Date:	08/19/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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 New Jersey. 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 worker is a 59 year old female who was injured on 9/16/2008, involving her head. She was later diagnosed with a closed head injury and developed migraine headaches, depression, and anxiety. She also was diagnosed with left ankle pain, derangement of the knee, bilateral shoulder pain, cervical strain, cervical disc disease, lumbar strain, and lumbar disc disease with radiculopathy. She was treated with opioids, migraine medications, Botox, and antidepressants. She was seen on 3/28/14 by her neurologist reporting her overall pain level at 6/10 on the pain scale. Physical examination revealed inability to ambulate without an assistive device (cane), tenderness of head, shoulders, and low back. Then, it was the judgement of the treating physician that the worker was in need of home care and help with transportation to and from medical appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from Medical Appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee section, Transportation (to and from appointments).

Decision rationale: The MTUS is silent on whether or not transportation is necessary or not for chronic pain or injuries. The ODG states that for knee injuries, transportation to and from appointments may be allowed, if it is medically necessary, and if the patient has a disability that specifically prevents them from self-transporting themselves to their appointments. The worker in this case does not seem to have any disability significant enough to suggest that she would need someone to drive her to and from appointments, based on the evidence available for review. Without some documented clarification and specific subjective and objective evidence of her need for this service, the transportation help is not medically necessary.