

Case Number:	CM14-0078935		
Date Assigned:	07/18/2014	Date of Injury:	09/08/2013
Decision Date:	09/24/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 44-year-old female was reportedly injured on 9/8/2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 4/3/2014 indicates that there are ongoing complaints of left knee pain, and left hand pain. The physical examination demonstrated extremities lower extremities or without edema. No recent diagnostic studies are available for review. Previous treatment includes left knee arthroscopy, injections, acupuncture, medications, physical therapy, and conservative treatment. A request was made for transportation to and from medical visits was not certified in the preauthorization process on 5/12/2014.

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 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: This Is an Administrative Request.

Decision rationale: It is noted the injured worker is status post left knee arthroscopy, and the treating physician has requested transportation to and from medical visits due to the postoperative status. There is no documentation of the patient's inability to drive, significant pain, or narcotic pain medication use. Therefore this request for Transportation to and from medical visits is not medically necessary and appropriate.