

Case Number:	CM14-0082935		
Date Assigned:	07/21/2014	Date of Injury:	06/25/2010
Decision Date:	09/30/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 67-year-old male who reported injury on 06/25/2010. The mechanism of injury was the injured worker was moving some rocks that weighed approximately 80 to 100 pounds. The injured worker had a history of 3 hernia repairs. The documentation of 05/02/2014 revealed the injured worker was utilizing gabapentin which helped with the increasing pain in the left groin. The injured worker was Hydrocodonebit/apap 10/325 mg 3 times a day. The injured worker indicated he had numbness over his surgical scar from his second surgery and the injured worker had pain radiating into the left medial thigh. The injured worker had pain with climbing up a hill. The injured worker indicated he was not working as the employer could not provide light duty work. The documentation indicated the injured worker would like to return to work but was not sure he would be able to perform heavy lifting involved with full duty work. The injured worker was noted to be afraid of having a recurrent hernia. The physical examination revealed the injured worker had 5/5 strength. The injured worker's medications were noted to include nabumetone (Relafen) 500 mg, pantoprazole 20 mg, hydrocodone/APAP 10/325 mg, and gabapentin tablets 600 mg. The diagnosis was hernia nec. The treatment plan included the injured worker was not a candidate for further surgery and had differed invasive procedures. The injured worker indicated he had some benefit from medications in terms of pain relief but had significant pain which interfered with his ability to walk for long periods of time, lift, and bend at the waist. The documentation indicated the injured worker was motivated to return to his job but was not sure he would be able to tolerate the heavy lifting and the physician documented the injured worker should go through a functional restoration program to see if the injured worker could improve function and return to his job. Additionally, the injured worker was noted to require transportation to get to and from the initial evaluation. The injured worker did not have a means of transportation and did not have anyone to give him a ride. The documentation

indicated the injured worker had an ultrasound of the groin dated 01/13/2013 which was prior to the surgical intervention. The injured worker was noted to have undergone 2 left hernia repairs and a right inguinal hernia repair. The injured worker had a MRI of the pelvis and a left hip x-ray. The x-ray dated 11/18/2011 revealed the injured worker had a probable abnormal sclerotic change involving the left ischium and acetabulum raising the possibility of osteoblastic metastatic disease. The injured worker underwent a MRI of the pelvis without contrast on 02/22/2012 which revealed bilateral fat containing inguinal hernias, left greater than right, and a markedly prostate gland indenting the base of the bladder. There was Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from Functional Restoration Program Evaluations: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation.

Decision rationale: The Official Disability Guidelines indicate that transportation to and from medically necessary appointments in the same community is appropriate when there is documentation that the injured worker has a disability preventing them from self transport. There was a lack of documentation indicating that the injured worker had a disability preventing him from self-transport. Given the above, the request for Transportation to and from the Functional Restoration Program Evaluations is not medically necessary.