

Case Number:	CM14-0084196		
Date Assigned:	07/21/2014	Date of Injury:	01/21/1994
Decision Date:	08/26/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/05/2014

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 injured worker is a 67-year-old male who reported an injury on 04/11/2009. The mechanism of injury was not stated. The current diagnoses include thoracic stenosis and lumbar stenosis. It is noted that the injured worker is status post thoracic lumbar decompression. The injured worker was evaluated on 04/28/2014. The injured worker was 6 weeks status post lumbar decompressive procedure. The injured worker reported feelings of weakness in the right lower extremity. Physical examination revealed a non-antalgic gait, no specific motor weakness, and tight hamstrings with a mildly positive straight leg raise on the right. Treatment recommendations included initiation of outpatient physical therapy. A request for authorization was then submitted on 05/27/2014 for transportation services to and from physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from physical therapy two(2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee And Leg Chapter, Transportation (to & from appointments).

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 state transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. Physical examination on the requesting date revealed a non-antalgic gait with no specific motor weakness. There is no indication that this injured worker is unable to provide self-transportation. There is also no indication that this injured worker does not maintain assistance from outside resources. There is no mention of a contraindication to public transportation. As the medical necessity has not been established, the request for Transportation to and from physical therapy two(2) times a week for six (6) weeks is non-certified.