

Case Number:	CM14-0121524		
Date Assigned:	08/06/2014	Date of Injury:	03/23/2010
Decision Date:	01/31/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/31/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 66 year young male with a work injury dated 3/23/10. The diagnoses include status post left small finger proximal interphalangeal arthropathy. He is status post left small finger proximal interphalangeal arthropathy performed on 04/04/2014. There is a request for transportation to all occupational therapy visits (quantity unknown). There is a 6/25/14 progress note that states that this patient has had limited therapy as he is unable to pay for transportation to therapy. Therefore he has only had several visits which is very unfortunate considering the magnitude of the surgery he has undergone. He has continued stiffness in the left little finger. He has only mild discomfort with pain improved. Left little finger PIP: -35/100. No instability. NO tenderness. Grip is 95 on the right and 50 on the left. There is a 6/25/14 therapy report that states that the patient has attended 8/24 authorized therapy visits. He has decreased edema around the PIP joint with some improvement in mobility. The plan was to continue therapy to complete authorized visits. The impression is status post surgery with an inadequate therapy secondary to lack of transportation by the insurance carrier. The patient is TTD. The plan was to continue therapy at least all authorized visits with transportation regularly as there is not a lapse on treatment. Ultram was dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to all Occupational Therapy visits (quantity unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition, (web), 2013, Knee 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) ODG Knee & Leg (Acute & Chronic)

Decision rationale: Transportation to all Occupational Therapy visits (quantity unknown) visits is not medically necessary per the ODG guidelines. The MTUS does not specifically address transportation. The ODG state that transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice. The documentation does not reveal evidence that the patient is unable to drive or use public transportation. The request for transportation to all occupational therapy visits (quantity unknown) is not medically necessary.