

Case Number:	CM14-0126337		
Date Assigned:	09/16/2014	Date of Injury:	11/06/2010
Decision Date:	04/16/2015	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 68 year old female, who sustained an industrial injury on November 6, 2010. The diagnoses have included pain in joint pelvis thigh and sprain/strain lumbar region. Treatment to date has included left hip replacement on February 7, 2007, right femur fracture on November 8, 2010 and right femur fracture revision surgery on April 11, 2011. Currently, the injured worker complains of right thigh pain, back pain and right leg pain. In a progress note dated June 5, 2014, the treating provider reports examination there is some tenderness over the right upper leg surgical scar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary-transportation to and from appointments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Back (Acute & Chronic) (updated 07/19/12) Transportation (to & from appointments).

Decision rationale: CA MTU is silent. Official Disability Guidelines, Knee & Leg, Back (Acute & Chronic) (updated 07/19/12) Transportation (to & from appointments) note "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)" The injured worker has right thigh pain, back pain and right leg pain. The treating physician has documented some tenderness over the right upper leg surgical scar. CA MTUS 2009 ACOEM Guidelines are silent on this, but ODG Guidelines note that this service is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport, which is not currently documented. Furthermore, absent the intended duration and frequency of transportation service, the medical necessity for transportation has not been established. The criteria noted above not having been met, Transportation is not medically necessary.