

Case Number:	CM14-0183904		
Date Assigned:	11/10/2014	Date of Injury:	05/20/2012
Decision Date:	01/21/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/04/2014

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 Rehab 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 38 year old male with date of injury 05/20/12. The treating physician report dated 09/24/14 is a Comprehensive Interdisciplinary Evaluation Report and it indicates that the injured worker presents with pain affecting his lower back and left knee. The physical examination findings reveal that the injured worker has full ROM of the lumbar spine and hip. The examination also shows the left knee reveals full ROM; pain with deep flexion of the left knee; no bony deformity; no patellofemoral crepitus or ligament laxity. There is tenderness to palpation over the lateral joint line. There is negative anterior drawer test, negative posterior drawer test, and negative McMurray's test. Motor strength of the lower extremities is 4/5 on left knee. The current diagnoses are: 1. Chondromalacia patella with chronic post-operative left knee pain and gait derangement 2. Diabetes The utilization review reports dated 10/09/14 denied the request for Transportation based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation 10 days to and from the program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services- California www.dhcs.ca.gov/services/medi-cal, Criteria for Medical Transportation R-15-98E Criteria Manual Chapter 12.1 Criteria for Medical Transportation and Related Services R-15-98E II.

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

Decision rationale: The injured worker presents with back and knee pain. The current request is for Transportation 10 days to and from the program. The injured worker underwent a Comprehensive Interdisciplinary Evaluation on 9/24/14 and the RFA dated 10/2/14 states the request is for a functional restoration program for 10 days and transportation to and from the program for 10 days. In reviewing the comprehensive report, there is no documentation of the injured worker not being able to drive. The MTUS guidelines do not address transportation. The ODG guidelines regarding transportation to and from appointments states, "Recommended for medically-necessary transportation to appointments in the same community for injured workers with disabilities preventing them from self-transport. Note: This reference applies to injured workers 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 injured worker, as there is limited scientific evidence to direct practice." Because the request has been escalated to the IMR process, this reviewer can only make a determination based on guideline criteria. The reviewer cannot take into account extraneous factors such as lack of transportation or personal preference. In this case, the injured worker is not 55 years of age and there is no discussion of the injured worker being at a nursing home level of care. The current request is not medically necessary.