

Case Number:	CM14-0187860		
Date Assigned:	11/18/2014	Date of Injury:	12/30/2003
Decision Date:	01/21/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/11/2014

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, 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:

According to the records made available for review, this is a 50-year-old male with a 12/30/03 date of injury, and status post right knee chondroplasty, partial meniscectomy, and left ACL reconstruction with allograft on 7/2/04. At the time (10/24/14) of the decision for Transportation that can accommodate wheelchair x 30 days, there is documentation of subjective (chronic bilateral knee pain, limited mobility, and low back pain) and objective (difficulty getting out of a motorized wheelchair, significant weakness in the proximal lower extremities involving the hip flexors, weakness rated 3/5 with significant difficulty lifting both legs off the floor, and tenderness to palpation over the lower lumbar paraspinal muscles) findings, current diagnoses (chronic bilateral knee pain status post meniscectomy, severe gait disturbance, and depression), and treatment to date (knee brace and medications). 10/28/14 medical report identifies that 64 hours were approved for functional restoration program, which is equivalent to 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation that can accommodate wheelchair x 30 days: 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 & Leg (acute & chronic)

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, Transportation

Decision rationale: MTUS does not address this issue. ODG identifies documentation of disabilities preventing patients from self-transport as criteria necessary to support the medical necessity of Transportation. Within the medical information available for review, there is documentation of diagnoses of chronic bilateral knee pain status post meniscectomy, severe gait disturbance, and depression. In addition, there is documentation of disabilities preventing patients from self-transport. However, given that 64 hours/3 weeks of functional restoration program have been authorized/certified, there is no documentation of a rationale identifying the medical necessity for the request for 30 days of transportation. Therefore, based on guidelines and a review of the evidence, the request for Transportation that can accommodate wheelchair x 30 days is not medically necessary.