

Case Number:	CM14-0195997		
Date Assigned:	12/04/2014	Date of Injury:	07/10/2013
Decision Date:	01/20/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	11/24/2014

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, has a subspecialty in Interventional Spine 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 patient is a 51-year-old male with a date of injury of 07/10/2013. The listed diagnoses are: 1. Status post right knee scope on 09/24/2014. 2. Right wrist mild OA. 3. Bilateral ankle sprain with antalgic gait. Per treating physician report dated 10/15/2014, the patient presents with continued right knee pain status post right knee surgery on 09/24/2014. The patient rated pain as 7/10. He has received 2 visits of postop physical therapy sessions thus far to the right knee. He is unable to get to and from rehabilitation visits on his own. Physical examination revealed decreased flexion at 93 degrees in the right knee, and it was noted the patient is utilizing a walker to ambulate. According to progress report 11/13/2014, the patient complains of right knee pain and notes therapy has been beneficial. Under treatment plan, it was noted "pending response for transportation to/from post op right knee rehab." Utilization review denied the request on 11/15/2014. Treatment reports from 07/17/2014 through 11/13/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown transportation to post-surgical rehab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor code 4600 (a)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA guidelines on transportation: www.aetna.com

Decision rationale: This patient is status post right knee scope on 09/24/2014. He is currently participating in physical therapy with noted benefits. Medical records indicate the patient has received 2 sessions thus far and is unable to provide his own transportation to and from postop rehabilitation. The California MTUS, American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines (ODG) Guidelines do not discuss transportations. AETNA has the following guidelines on transportation: "The cost of transportation primarily for and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." AETNA Guidelines do support transportation services if it is essential to medical care. Evidence of medical necessity that specifically identifies the medical condition needs to be provided. In this case, the patient notes he is unable to get to and from rehabilitation visits on his own. Progress report dated 10/15/14 notes that the patient is able to ambulate with a walker. In this case, the patient's social situation is not discussed and there is no discussion as to why public transportation is not feasible. This request is not medically necessary.