MAXIMUS Federal Services

Case Number:	CM14-0197542		
Date Assigned:	12/05/2014	Date of Injury:	03/20/2009
Decision Date:	02/13/2015	UR Denial Date:	11/12/2014
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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 29-year-old woman who sustained a work related injury on March 20, 2009. Subsequently, she developed chronic left knee and low back pain. Prior treatments included: medications, physical therapy, knee brace, modified work, aqua therapy, crutches, lumbar epidural steroid injection at the left L4-5 and L5-S1 on October 23, 2009, and 2 left lumbar sympathetic nerve blocks dated December 21, 2009 and March 19, 2010. The patient had also a spinal cord stimulator trial lead placement, completed on July 12, 2012. MRI of the knee dated May 4, 2009 showed diffuse thinning of the articular cartilages of the patella that suggested chondromalacia patella, intrasubstance myxoid degenerative change in the posterior horn medial meniscus, yet no tear or joint effusion noted. According to a progress report dated October 16, 2014, the patient complained of pain located in the left leg, hips, and back. The pain was described as spasm, aching, burning, and cramping. The pain radiated up the neck. The patient rated her level of pain as a 5/10. On examination, the straight leg raising test in rising supine was right 90 degrees and negative. The Patrick's test was positive bilaterally. The reverse Thomas' test was positive bilaterally. The sensation in the bilateral dermatomes at L1 and L2 were normal. In L3, L4, L5, S1, and S2, at the right were normal, and the left were noted hyperalgesia. The patient was diagnosed with hip pain, spondylosis of the lumbar joint, and syncope and collapse. The provider requested authorization for transportation for appointments for PT, doctors appointment, medical/dental as well as for school, to include daily transportation for at least one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation for appointments for PT, doctor's appointment, medical/dental as well as for school, to include daily transportation for at least one year: 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) (updated 10/27/14), 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), Knee and Leg Procedure, Transportation

Decision rationale: According to the Official Disability Guidelines, Transportation (to & from appointments) is "recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: 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." There is no documentation that the patient is unable to use public transportation safely and independently to attend his medical appointments. Therefore, the request for Transportation appointments for PT, doctors appointment, medical/dental as well as for school, to include daily transportation for at least one year is not medically necessary.