

Case Number:	CM14-0209265		
Date Assigned:	12/22/2014	Date of Injury:	03/15/2013
Decision Date:	02/24/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular 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 patient is a 47 year old male with a date of injury 3/15/13. The diagnoses include The diagnoses included left knee arthritis, anterior cruciate ligament sprain, lateral collateral ligament sprain; calcific tendinitis the biceps, status post right ankle scope, and bilateral plantar fasciitis. Under consideration is a request for transportation to/from doctors appointments, physical therapy appointments. The most recent documentation is a 10/30/14 progress note that is handwritten and partially legible. The document states that the left long finger trigger finger injection was on 10/20/14 the whole finger was numb for about 4 days now it is only the tip. There is an illegible sentence regarding an updated ankle MRI. The objective findings are left long finger tender A1 pulley +trigger noted. Right ankle crepitus, decreased range of motion, slight swelling. L knee tenderness to palpation peripatellar medial lateral joint line. Flexion 130/extension 0. The treatment plan states that the patient is awaiting an ankle MRI; awaiting authorization for left ankle boot. Follow up to discuss trigger finger; Tramadol and Diclofenac were prescribed. The patient is temporarily totally disabled. Another handwritten partially legible progress note dated 9/23/14 was again also difficult to read. The physical exam revealed left knee tenderness and crepitus and tenderness as well as tenderness and decreased ranges of motion for the right ankle. There was triggering in the long finger. The treatment plan was for physical therapy for the knees. There were requests for diagnostic ultrasound and also trigger finger injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to/from doctor appointments, physical therapy appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Healthcare Services-Medical Transportation and Related Service

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 (Acute & Chronic)

Decision rationale: Transportation to/from doctor appointments, physical therapy appointments is not medically necessary per the ODG guidelines. The MTUS does not specifically address transportation. The ODG state that transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. 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. The documentation does not reveal evidence that the patient is unable to drive or use public transportation. The request for to/from doctors' appointments, physical therapy appointments is not medically necessary.