

Case Number:	CM15-0007881		
Date Assigned:	01/26/2015	Date of Injury:	06/03/2011
Decision Date:	03/13/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/14/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 49 year old female who sustained an industrial injury reported on 6/3/2011. She has reported constant radiating low back and right leg pain, constant, severe right hip pain, and right groin pain. The diagnoses have included pain in joint: shoulder region, hand, lower leg & ankle, and foot; backache; shoulder bursae & tendons disorder. Treatments to date have included consultations; diagnostic imaging studies; electrodiagnostic studies; psychology consultation; and medication management. The work status classification for this injured worker (IW) was noted to be working full time with modified duties. She is documented to have a normal gait and grip strength is greater than 30lbs bilaterally. On 12/22/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/15/2014, for transportation to and from all appointments associated with the workers compensation case. The Official Disability Guidelines, knee, transportation, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from all appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Knee Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Knee

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue and considers transportation medically necessary only if the individual has an impairment that negates the ability for self transportation and the transportation in the community that the individual lives. There is no documentation that this individual is incapable of self transportation via private car or public transportation. Her gait is stable without assistance. Her grip strength is very adequate and she is able to travel to work on a daily basis. The request does not meet Guideline standards and there is no unusual circumstances to justify an exception to Guidelines. Under these circumstances, the request for transportation to and from all appointments is not consistent with Guidelines and is not medically necessary.