MAXIMUS Federal Services

Case Number:	CM15-0009339		
Date Assigned:	01/27/2015	Date of Injury:	09/30/1997
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/15/2015

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: Physical Medicine & Rehabilitation

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 with a date of injury as 09/30/1997. The cause of the injury was related to a trip and fall. The current diagnoses include back pain with radiation, bilateral knee pain, bilateral foot and ankle pain, right wrist sprain rule out internal derangement, right elbow pain, chronic pain syndrome, morbid obesity, hypertension, neuropathic complaints/paresthesias, plantar fasciitis, major depressive episode with panic disorder with psychologic factors and general medical condition, and rule out internal derangement left knee. Previous treatments include medications, physical therapy, home exercise program, self-directed pool therapy, and left ankle surgery. Report dated 12/19/2014 noted that the injured worker presented with complaints that included worsening back pain with sciatic pain shooting down into both legs. Physical examination revealed tenderness in the lumbar spine. The physician did not provide a rational for the requested item. The injured worker is currently not working. The utilization review performed on 12/23/2014 non-certified a prescription for transportation service for doctor appointments based on guidelines specifically stating that transportation is recommended for patients with disabilities preventing them from self transport who are age 55 or older and needing nursing home level of care. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation service for doctor 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) , Treatment Index, 11th Edition (web), 2014, Knee & Leg

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

Decision rationale: The 12/19/14 report states that the patient presents s/p right ankle surgery 10/17/14 along with left ankle pain and worsening back pain with sciatica to the bilateral lower extremities. She is a candidate for left ankle surgery. The patient's diagnoses include morbid obesity. The RFA is not included. The utilization review dated 12/23/14 states the RFA was received 12/18/14 and is a prospective request for the period 12/19/14 to 02/02/15. ODG, Knee & Leg Chapter, Transportation, discusses transportation to and from appointments. It is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport.In the reports provided the treater does not explain why the patient requires this transportation. There is no discussion of what disabilities prevent self transport and whether appointments are in the same community. In this case, lacking documentation that the request is within guidelines, the request IS NOT medically necessary.