

Case Number:	CM15-0108303		
Date Assigned:	06/18/2015	Date of Injury:	02/20/2014
Decision Date:	07/23/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 43-year-old female, who sustained an industrial/work injury on 2/20/14. She reported initial complaints of head, cervical spine, lumbar spine, and right upper and lower extremity residuals (pain/weakness). The injured worker was diagnosed as having chronic neck pain, chronic low back pain, right hand, right knee, chronic mid back pain. Treatment to date has included medication, pain injection, braces/ casts, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, massage, exercise program, psychotherapy, acupuncture, relaxation training, chiropractic treatments, and functional restoration program. Currently, the injured worker complains of right upper extremity, right lower extremity weakness/pain. Per the primary physician's progress report (PR-2) on 3/24/15, examination notes use of a single point cane and braces for the upper extremities, weakness in the right lower extremity with ability to stand using a cane. Posture is head forward with protracted shoulders and muscle tension on the R>L, tenderness over the entire spine and right hand and wrist. Cervical and lumbar range of motion is decreased by 60 percent. Left motor strength is 4-/5 for upper/lower extremities. There was inability to perform heel rising on the right noting issue with S1 distribution. There is decreased sensation in the right arm. The requested treatments include Continued round trip transportation (duration of the program).

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued round trip transportation (duration of the program): 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), Knee and Leg procedure summary online.

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 (transportation (to & from appointments)).

Decision rationale: MTUS does not address transportation to appointments. The ODG states that for patients with knee and lower leg disorders, it is recommended for medically necessary appointments in the same community for patients with disabilities preventing them from self-transport. The same recommendations in the chronic pain and low back section. In this case, the claimant is able to stand using a cane and able to tolerate increased walking tolerance. There is limited evidence that the claimant has the inability to tolerate ambulation with the cane. There is no clear evidence of extenuating circumstances, which prevent the claimant from self-transport or accessing community transportation. Therefore, the medical necessity of transportation is not medically necessary.