

<b>Case Number:</b>	CM15-0108755		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: 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 an 81 year old female, who sustained an industrial injury on 12/10/2012. She reported falling and losing consciousness. Diagnoses have included right knee meniscal tear, status post right knee arthroscopy, post-traumatic osteoarthritis right knee, chronic neck strain and chronic lumbar strain. Treatment to date has included injections and medication. According to the progress report dated 4/17/2015, the injured worker complained of right knee pain rated 7-8/10. She had her third Supartz injection at her last visit. She had not been seen in the office for two months due to not having any transportation. Exam of the cervical spine revealed decreased range of motion and tenderness to palpation. Cervical compression test was positive. Shoulder depression test was positive bilaterally. Exam of the lumbar spine revealed decreased range of motion, tenderness to palpation and hypertonicity. Exam of the knee revealed decreased range of motion bilaterally. Palpation of the quadriceps revealed tenderness and hypertonicity on the right. Patellofemoral grind test was positive on the right. Authorization was requested for transportation for all medical appointments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation for all medical 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, Knee and Leg Chapter, Transportation.

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states medically necessary patient transportation is supported for those patients with complete disabilities that prevent self-transport or transport through public transportation. The provided clinical documentation for review does not meet these criteria and therefore the request is not medically necessary.