

Case Number:	CM15-0108891		
Date Assigned:	06/25/2015	Date of Injury:	11/14/2002
Decision Date:	08/27/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	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: 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 (IW) is a 78-year-old male who sustained an industrial injury on 11/14/2002. The worker suffered a broken left knee and leg from slipping on some loose rocks. The worker had a total knee arthroplasty in 2004 after an x-ray found that he had an old healed fracture with posttraumatic arthritic changes. He had several more knee surgeries including placement of a spacer with antibiotics. By 02/2015, his diagnoses was Internal derangement of the left knee with two previous total knees, femoral prosthesis loose and eroding, severe limp and left knee pain with walking. More recently, the injured worker was diagnosed as having chronic osteomyelitis of the left knee eventually treated with above knee amputation. Co-morbidities include hypertension, congestive heart failure, hyperlipidemia, and prior history of heavy smoking. Treatment to date has included a left total knee replacement followed by multiple revision procedures secondary to recurrent infection. He also has a stented coronary artery and has had back surgery and foot surgery. In April 2015, he had a revision of an above the knee amputation stump on the left leg. Currently, the injured worker complains of chronic prosthetic knee infections, and is a functional quadriplegic. He has recently had acute renal failure on chronic kidney disease, and has episodic bradycardia following acute coronary syndrome. His diagnoses at this time include: Left above the knee amputation; Chronic prosthetic knee infections; Expanding abdominal aortic aneurysm; Acute renal failure; Acute kidney disease; Hypertension and Acute coronary syndrome. Plans are in place for an abdominal aortic aneurysm repair in June 2015. The worker was discharged from a rehabilitation unit on 05/19/2015 following a three-week stay. A request for authorization was made for the following:

1. Transportation; 2. Home Health Aid 12hrs weekly x 2 weeks; 3. Home Health Physical Therapy 3 x 2; 4. Home Health Nursing 1 x 2 weeks; 5. Norco 10/325mg #120; 6. Colace 100mg #60; 7. Doxycycline Monohydrate (Monodox) 100mg #60; 8. Tizanidine HCL 4mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter/Transportation (To & from Appointments) Section.

Decision rationale: The MTUS Guidelines do not address transportation to medical appointments. ODG chapters for pain, neck, and low back do not address transportation to medical appointments. The ODG Knee Chapter recommends transportation to and from medically necessary appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the available documentation states that the injured worker is a functional quadriplegic with chronic knee infections. He also suffers from left above the knee amputation. Plans were in place for an abdominal aortic aneurysm repair in June 2015. The worker was discharged from a rehabilitation unit on 05/19/2015 following a three-week stay. The available documentation does not address the injured workers support system and their availability and/or willingness to assist the injured worker to required appointments. Additionally, the request for transportation is not specific. The request for transportation is determined to not be medically necessary.