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| Case Number: | CM15-0132162 | | |
| Date Assigned: | 07/20/2015 | Date of Injury: | 02/22/2012 |
| Decision Date: | 08/17/2015 | UR Denial Date: | 06/09/2015 |
| Priority: | Standard | Application Received: | 07/08/2015 |

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, Pain Management

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 52-year-old male, who sustained an industrial injury on 2/22/12. He reported injury to his left hip, left pelvis, left patella and left foot. The injured worker was diagnosed as having left acetabular fracture status post open reduction internal fixation, lumbar disc herniation with radiculitis/radiculopathy, left knee internal derangement, symptoms of reflex sympathetic dystrophy of the left lower extremity, anxiety, depression, insomnia, deep venous thrombosis of the lower extremity, cervical disc herniation with radiculitis/radiculopathy, visual impairment in the right eye, and head trauma with cephalgia. Treatment to date has included hip surgery on 2/29/12, physical therapy, and medication including Oxycodone and Alprazolam. Currently, the injured worker complains of low back and left hip pain. The treating physician requested authorization for medical transportation for all clinic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Transportation for all clinic visits: 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 & Leg. Transportation (to & from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California: Nonemergency Medical Transportation http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.htm.

Decision rationale: Regarding the request for transportation, California MTUS and ODG do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation is appropriate when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. In light of the above issues, the currently requested transportation is not medically necessary.