

Case Number:	CM15-0132808		
Date Assigned:	07/20/2015	Date of Injury:	05/18/2011
Decision Date:	08/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/09/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old male with a May 18, 2011 date of injury. A progress note dated June 12, 2015 documents subjective complaints (constant moderate pain), objective findings (decreased range of motion of the left knee; small effusion; wound healed), and current diagnoses (knee joint replacement; pain in joint, lower leg; osteoarthritis, unspecified; chest pain). Treatments to date have included medications, left total knee arthroplasty on May 19, 2015, imaging studies, and physical therapy. The treating physician documented a plan of care that included transportation for all post-operative physical therapy and follow up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation for all Post-Operative Physical Therapy and Follow Up Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services Criteria Manual Chapter 12.1, Criteria for Medical Transportation and Related Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Transportation to and from appointments.

Decision rationale: The California MTUS guidelines do not address this issue. ODG guidelines are therefore used. Transportation to and from appointments is recommended for medically necessary transportation for patients with disabilities preventing them from self-transport. This applies to individuals who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider, and patient, as there is limited scientific evidence to direct practice. In this case, the injured worker is not over age 55 and does not need a nursing home level of care. As such, the request for transportation to and from the appointments is not supported by guidelines; the request is not medically necessary.