

<b>Case Number:</b>	CM15-0136705		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	07/07/1998
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Expedited	<b>Application Received:</b>	07/14/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 IW is a 49 y/o female who suffers from orthopedic pain which exacerbates her secondary psychiatric illness related to a work injury on 7/7/98. The notes provided indicate that the IW has been awaiting coverage for transportation to and from all appointments. No other previous treatments are mentioned in the included progress notes. According to the documentation, the IW had a psychiatric AME conducted in 5/10 that proposed indefinite treatment for her psychiatric and psychologic illness.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg and the Department of Health Care Services-California, Criteria for Medical Transportation.

**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:** Per ODG guidelines transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. Note: This reference applies to patients with disabilities preventing them from self-transport 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. There is limited notation in the documentation regarding the orthopedic injuries the IW has that would require transportation assistance. The documentation notes that the physician is concerned that due to transportation issues the IW has had to cancel appointments and there is concern that further inability to attend appointments would increase the likelihood of suicidality in the IW. The psychiatric AME was conducted in 2010 and recommended indefinite treatment. There is no recent documentation from psychiatry stating that the IW is unstable and requires ECT or that she is suicidal, this is all per IW report to her primary treating physician. There is not enough documentation to determine that this request is medically necessary.