

Case Number:	CM15-0141555		
Date Assigned:	07/31/2015	Date of Injury:	09/18/1999
Decision Date:	09/01/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/21/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 60 year old male, who sustained an industrial injury on September 18, 1999. The injured worker was transported to a medical facility where he was diagnosed with a right thalamic and ventricular hemorrhage. Treatment to date has included laboratory tests, neurology consults, nephrology consults, hospitalizations, dialysis, A-V conduit flow evaluation, medication, surgery, cardiac stress test, CT scans and occupational therapy. The injured worker is currently diagnosed with malaise and fatigue, end stage renal disease, coronary artery disease, hypertension and cerebral vascular accident. Statements dated February 26, 2015, April 10, 2015, May 12, 2015, May 14 2013, May 21, 2015, May 26, 2015, May 28, 2015, May 30, 2015, June 2, 2015, June 4, 2015, June 6, 2015, June 9, 2015, June 11, 2015 all indicate the injured worker was transported via ambulance for dialysis. Ambulance transport, 3 times a week, for dialysis and 4 times a month, for follow up appointments is requested to maintain the injured workers dialysis treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown ambulance transport 3x a week for dialysis: 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 www.UpToDate.com.

Decision rationale: This 60 year old male has complained of heart disease, stroke and end stage renal disease since date of injury 9/18/99. He has been treated with physical therapy, medications and dialysis. The current request is for unknown ambulance transport 3X a week for dialysis. Per the guidelines cited above, ambulance transportation is not a medical treatment for chronic renal disease or industrial related disease and injury. On the basis of the available medical documentation and per the guidelines cited above, unknown ambulance transport 3X a week for dialysis is not indicated as medically necessary.

Unknown ambulance transport 4 x a month for follow up appointment: 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 www.UpToDate.com.

Decision rationale: This 60 year old male has complained of heart disease, stroke and end stage renal disease since date of injury 9/18/99. He has been treated with physical therapy, medications and dialysis. The current request is for unknown ambulance transport 4X a month for follow up appointment. Per the guidelines cited above, ambulance transportation is not a medical treatment for industrial related disease and injury. On the basis of the available medical documentation and per the guidelines cited above, unknown ambulance transport 4X a month for follow up appointment is not indicated as medically necessary.