

Case Number:	CM15-0146780		
Date Assigned:	08/07/2015	Date of Injury:	08/27/2013
Decision Date:	09/04/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 66 year old woman sustained an industrial injury on 8-27-2013. The mechanism of injury is not detailed. Evaluations include right knee x-rays dated 7-22-2014; x-rays of the right elbow, wrist, and hip dated 8-27-2015; CT scans of the right elbow, wrist, and hip dated 8-27-2013; and electromyogram and nerve conduction studies dated 2-5-2014. Diagnoses include low back pain and extremity pain. Treatment has included oral medications, chiropractic care, TENS unit use, and physical therapy. Physician notes dated 7-23-2015 show complaints of neck pain with radiation down to the mid and low back, right shoulder, right arm, right elbow, right wrist, right hand, bilateral hips, bilateral knees, and right ankle. The worker rates her pain 9 out of 10 without medications and 5.5 out of 10 with medications. Recommendations include surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation service for surgery day 08/24/15, QTY: 1: 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 & Leg, Transportation (to & from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) transport, knee chapter.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service as prescribed. The ODG states transportation to the same community is only indicated in patients with disabilities that prohibit self-transport or public transportation. The patient does not have such disabilities and therefore the request is not medically necessary.