

Case Number:	CM15-0160480		
Date Assigned:	08/24/2015	Date of Injury:	07/31/2000
Decision Date:	09/25/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/17/2015

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:

The injured worker is a 73 year old male who sustained an industrial injury on 7-31-2000. He was injured during a fall. He has reported lumbar pain and has been diagnosed with lumbar spine sprain, cervical spine sprain strain, and knee sprain strain. Treatment has included TENS, physical therapy, and medications. Objective findings note he has used TENS under physical therapy supervision in the past as well as a borrowed unit. It had helped control lumbar pain with further meds. He was noted to have weakness to the left lower extremity. There was 25% lateral rotation motion to the cervical spine with pain at ends of motion. The treatment plan included transportation to medical therapy. The treatment request included unknown transportation to/from all medical-therapy appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown transportation to/from all medical/therapy appointments: 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 Official Disability Guidelines (ODG) transportation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states transportation to in community medical appointments is indicated if the patient has a disability that would prevent self-transportation. The patient does not have such a diagnosis and therefore the request is not medically necessary.