

Case Number:	CM15-0190769		
Date Assigned:	10/02/2015	Date of Injury:	01/13/2011
Decision Date:	11/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/28/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old female sustained an industrial injury on Documentation indicated that the injured worker was receiving treatment for injuries to both shoulders, neck, right knee and low back and for depression. Previous treatment included bilateral shoulder surgeries, right knee surgery, physical therapy, acupuncture, right knee brace, nerve blocks, group therapy, psychiatric care and medications. In a comprehensive orthopedic consultation dated 7-9-15, the injured worker denied any history of cardiac, cancer, diabetes mellitus or hypertension. Physical exam was remarkable for right knee with audible and palpable crepitus, lateral tenderness to palpation, a valgus deformity with stable and intact ligaments to stress testing and slight tenderness to palpation at the right knee with crepitus. The injured worker walked with a gross limp using a cane. The injured worker was well-developed, well-nourished and in moderate discomfort. The injured worker had not worked since September 2012. In a PR-2 dated 8-12-15, the injured worker stated that she had been recommended for bilateral total knee replacements but wanted to start with the right knee. The injured worker had undergone a second left stellate ganglion block on 7-19-15 with 70-80% improvement in left upper extremity hypersensitivity. In the review of systems, the injured worker complained of constipation, joint pain, muscle spasms, depression, anxiety and numbness. No physical exam was documented. The treatment plan included requesting authorization for a conductive garment with glove and sleep to help with reflex sympathetic dystrophy symptoms of the left upper extremity, medications refills (Ultram ER, Motrin and Colace) a wheeled walker to help with added stability while ambulating due to ongoing bilateral knee pain, transportation to and from all medical and therapy appointments due to ongoing bilateral knee pain. On 9-15-15, Utilization Review noncertified a request for transportation to and from all medial and physical therapy appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from all medical & PT appointments: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation <http://www.dss.cahwnet.gov/> (California Department of Social Services); Official Disability Guidelines (ODG), Knee Chapter, Transportation (to and 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) Knee & Leg, Transportation.

Decision rationale: The MTUS is silent on the use of transportation services in the management of injuries or to and from procedures. Per ODG, transportation is "Recommended for medically- necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)". The documentation does not detail the injured worker's disability that prevents her from self transport, public transportation, or access to family members who can provided transportation. The request is not medically necessary.