

Case Number:	CM15-0192219		
Date Assigned:	10/06/2015	Date of Injury:	11/19/2001
Decision Date:	11/12/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/30/2015

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 54 year old female, who sustained an industrial injury on 11-19-2001. The medical records indicate that the injured worker is undergoing treatment for pain in joint of lower leg. According to the progress report dated 9-4-2015, the injured worker presented with complaints of right knee pain. She notes that her right knee is "bothering her immensely and she can't handle the pain". On a subjective pain scale, she rates her pain 3 out of 10 with medications and 9 out of 10 without. The physical examination of the right knee was not indicated. The current medications are Miralax, Omeprazole, Paroxetine, Neurontin, and Oxycodone. Previous diagnostic studies include x-ray of the bilateral knees. Treatments to date include medication management. Work status is described as permanent and stationary. The original utilization review (9-25-2015) had non-certified a request for transportation service to and from medical appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation service to and from medical appointments: 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-TWC), Chapter: Knee & Leg (Acute & Chronic) - 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) knee, transportation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that transportation is medically indicated in the patient's same community if the patient has a disability that prevents self-transportation. This is usually indicated in a patient over age 55 with nursing home level care needs. This patient has pain in the lower extremity that does not meet these criteria and therefore the request is not medically necessary.