

Case Number:	CM15-0201979		
Date Assigned:	10/16/2015	Date of Injury:	10/02/2012
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on 10-2-12. The injured worker was diagnosed as having lumbar disc displacement without myelopathy. Treatment to date has included physical therapy; status post right total hip replacement (8-2015); medications. Currently, the PR-2 notes dated 8-28-15 indicated the injured worker was seen as a follow-up visit for chronic low back pain and right hip pain. The provider documents She continues to have low back pain with radiation into the right lower extremity along with numbness and tingling. The provider felt she was a surgical candidate for right L4-5 microdiscectomy but pain in the right lateral hip is causing a great deal of her pain. The provider notes she is a status post right total hip replacement (8-2015). She reports that the plan is to possibly release her to work in November. She was on oxycodone post-op but this was too strong. She was then given back the Norco at #90 tablets. She does not need any refills today. She is having home physical therapy currently. She reports her pain is more after physical therapy but overall she feels she is doing better in terms of her typical pain in the right hip. She also reports she is having more pain in the left hip because she is putting more weight on the left side. The provider notes she will also need surgery for the left hip which will be done nonindustrial. She also notes her low back pain is still present. The provider documents She notes that she does not have transportation at this time because daughter-in-law who was driving her to appointments was involved in a car accident and has no vehicle available. The provider documents a physical examination and reviews past diagnostics; nothing from 2015. The provider notes that she will need transportation to physical therapy due to no one available to

transport and she is using a wheeled walker and cannot get to the stops. A Request for Authorization is dated 10-14-15. A Utilization Review letter is dated 9-17-15 and non-certification for Transportation. A request for authorization has been received for Transportation to and from physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation: 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, page 354.

Decision rationale: Review indicates the patient is s/p right THA in August 2015, over 3 months past. It was noted the treatment plan to possibly release her to work in November. ACOEM, MTUS do not address transportation to and from physical therapy appointment; however, ODG does recommend medically-necessary transportation to appointments for patients with disabilities preventing them from self-transport. Submitted reports have not demonstrated adequate support for treatment request and do not provide supporting medical reasoning indicating why the patient cannot drive or use public transportation. There was no documentation regarding how far the patient needed to travel or how long the patient needed to sit to wait for the office appointments nor do reports address other options that have been exhausted or comorbidities preventing patient to travel by alternative means. Clinical findings show no indication of ADL limitations or specific neurological deficits to support for transportation services. The Transportation is not medically necessary and appropriate.