MAXIMUS Federal Services

Case Number:	CM15-0211031		
Date Assigned:	10/29/2015	Date of Injury:	06/27/2010
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/27/2015

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:

This is a 47 year old female with a date of injury of June 27, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for right knee contusion and degenerative joint disease, and lumbar spine sprain and strain with multilevel disc herniation and spinal stenosis. Medical records dated August 11, 2015 indicate that the injured worker complained of lumbar spine pain rated at a level of 5 out of 10 radiating to the right lower extremity, tingling, and right knee pain rated at a level of 5 out of 10. Records also indicate that the injured worker reported increased lower back pain with all activities, and that she was able to walk for one half mile and sit for 30-60 minutes. A progress note dated September 15, 2015 documented complaints similar to those reported on August 11, 2015. Per the treating physician (September 15, 2015), the employee had work restrictions that included limited keeling and squatting, limited standing and walking, limited climbing, no lifting, pushing, or pulling over ten pounds, and must take a five minute break every hour. The physical exam dated August 11, 2015 noted "No changes since last visit on June 30, 2015" where the exam revealed positive Apley's of the right knee, positive McMurray's of the right knee, decreased range of motion of the right knee, difficulty with standing, and an antalgic gait. The progress note dated September 15, 2015 documented a physical examination that showed tenderness of the lumbar spine, tenderness of the right knee medial joint line, positive straight leg raise on the right, and decreased range of motion of the right knee. Treatment has included medications (Norco, Omeprazole) and right knee surgery. The utilization review (October 8, 2015) non-certified a request for transportation to and from all office visits.

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 office visits: 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 Chapter.

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, page 354.

Decision rationale: 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 as the patient continues with modified work restrictions. The Transportation to and from all office visits is not medically necessary and appropriate.