

Case Number:	CM15-0222205		
Date Assigned:	11/17/2015	Date of Injury:	11/25/1991
Decision Date:	12/24/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/12/2015

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 74 year old male, who sustained an industrial injury on 11-25-91. The injured worker is noted to be on dialysis Monday, Wednesday and Fridays that started in December 2009. The documentation noted that the injured worker has a history of end stage renal disease; diabetes mellitus; hypertension; coronary artery disease; status post coronary artery bypass graft 5 vessels in 1999; status post percutaneous coronary intervention in 2004, status automatic implantable cardioverter defibrillator in June 2009 and congestive heart failure on home oxygen. The documentation on 9-1-15 noted that the injured worker since last visit is getting progressively worse and complaints of mild facial swelling and gets better at end of day. The injured worker was diagnosed with non-small cell lung cancer and is not a surgical candidate. The documentation noted that the injured worker was treated for endocarditis and was on ampicillin. The diagnoses have included end stage renal disease. Ultrasound guided paracentesis on 10-6-15 revealed successful ultrasound-guided paracentesis with 6 liters of clear ascetic fluid removed. The original utilization review (11-2-15) non-certification the request for transportation to 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 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 & Leg Procedure Summary Online Version updated 5/5/15 and the Department of Health Care Services, criteria for medical transportation and related services.

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 office visits are only merited for patients with disabilities that prevent any form of self-transportation and usually indicate skilled nursing home level of care. The patient does not meet these criteria and therefore the request is not medically necessary.