

<b>Case Number:</b>	CM15-0045113		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	01/10/1989
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 61-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 10, 1989. In a Utilization Review Report dated February 24, 2015, the claims administrator failed to approve a request for transportation to and from office visits. The claims administrator did approve an orthopedic reevaluation. An RFA form received on February 17, 2015 and associated progress note of February 6, 2015 were referenced in the determination. On February 6, 2015, the applicant reported 8/10 low back pain. The applicant was not working. The applicant is using Motrin, morphine, Norco, Advair, albuterol, Inderal, Desyrel, Paxil, Klonopin, and Nexium, incidentally is noted. The applicant is exhibiting an antalgic gait. The applicant was apparently using a gait-assistive device, it was acknowledged. The applicant was status post lumbar spine surgery it was noted. The applicant did, somewhat incongruously, retained well-preserved lower extremity motor function. The applicant had also undergone multiple knee surgeries it was stated. An orthopedic reevaluation and transportation to and from appointments were seemingly proposed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to and from medical visits, quantity 1:** 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) Transportation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS ODG Integrated Treatment/Disability Duration Guidelines Knee Transportation (to & from appointments).

**Decision rationale:** No, the request for transportation to and from appointments was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 5, page 83, to achieve functional recovery, the applicants must assume certain responsibilities, one of which includes making and keeping appointments. The request for transportation to and from appointments, thus, per ACOEM, is an article of applicant's responsibility as opposed to an article of payor responsibility. ODG's Knee and Leg Chapter Medical Transportation topic also notes that transportation to and from appointments is recommended for applicants who have disabilities which prevent them from self-transport. Here, however, the attending provider did not clearly outline what disabilities and/or impairments were present which would prevent the applicant from attending office visits of her own accord, either through personal or public transportation. Therefore, the request was not medically necessary.