

Case Number:	CM15-0050225		
Date Assigned:	03/23/2015	Date of Injury:	10/09/1998
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/17/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 63 year old female, who sustained an industrial injury on October 9, 1998. She has reported neck pain, shoulder pain, lower back pain, bilateral knee pain, and leg pain. Diagnoses have included shoulder strain/sprain, cervical spine degenerative disc disease, cervical spine radiculopathy, lumbar spine strain with radicular complaints, bilateral knee injury, and right great toe crush injury. Treatment to date has included medications, use of a seated walker, and imaging studies. A progress note dated October 27, 2014 indicates a chief complaint of neck pain radiating to the arms, bilateral shoulder pain, lower back pain radiating to the legs with numbness and tingling, and bilateral knee pain. The treating physician is requesting transportation to and from all doctor's visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transportation to and from all doctor 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 and Leg, 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 and Leg, Neck and upper back, Transportation to and from medical appointment.

Decision rationale: MTUS does not address transportation, so alternate guidelines were utilized. ODG states regarding transportation: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)" The treating physician does not make comment or justification of the patient's inability to self-transport. It is also unclear which appointments the transportation would be for, the frequency, the total duration of the request, and if the appointments are in the "same community" as defined by ODG. While transportation may be warranted, the treating physician does not provide enough information to satisfy guidelines. As such, the request for 1 Transportation to and from all doctor visits is not medically necessary at this time.