

Case Number:	CM15-0051826		
Date Assigned:	03/25/2015	Date of Injury:	11/19/2001
Decision Date:	06/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/19/2015

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 53 year old female, who sustained an industrial injury on 11/19/2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having pain in the joint of the lower leg, depression with anxiety, foot pain, lumbar radiculopathy, and hip bursitis. Treatment to date has included left foot x-rays, use of a wrist splint, physical therapy, medication regimen, nerve conduction study with electromyogram, magnetic resonance imaging of the lumbar spine, computed tomography of the head, left transforaminal lumbar epidural steroid injection, laboratory studies, and status post lumbar fusion. In a progress note dated 02/04/2015 the treating provider reports restricted range of motion to the lumbar spine with tenderness and tight muscle band on palpation of the paravertebral muscles and a positive straight leg raise bilaterally; restricted neck movement with tenderness to the cervical spine and paracervical muscles; tenderness to palpation on the left wrist with a mass noted on the dorsal surface; tenderness to the bilateral sacroiliac joint and trochanter; and tenderness to palpation on the left foot at the medial aspect with mild swelling noted, and painful range of motion. The medical records provided did not include a request for transportation service to and from medical appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation service to and from medical appointments: 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 knee & leg chapter, Transportation (to & from appointments).

Decision rationale: Per the 03/25/15 report, the patient presents s/p wrist fusion and carpal tunnel release on 03/24/15. The 03/04/15 report states the patient presents with lower back pain s/p Sept. 2014 lumbar fusion. The current request is for transportation service to and from medical appointments. The RFA is not included. The reports do not state if the patient is currently working. ODG-TWC guidelines, knee chapter online for Transportation (to & from appointments) states: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport (CMS, 2009)." AETNA has the following guidelines on transportation: "The cost of transportation primarily for and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." The 03/04/15 treatment plan mentions transportation to appointments and the 03/16/15 report notes discussion with UR for documentation of the transportation request. The reports provided for review also mention referral for knee and foot complaints. However, the treating physician does not explain what disabilities prevent self-transport and why transportation is needed for this patient. In this case, the request IS NOT medically necessary.