

Case Number:	CM15-0052814		
Date Assigned:	03/26/2015	Date of Injury:	10/05/2008
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
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: 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 62-year-old, who has filed a claim for chronic low back, ankle, and foot pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of October 5, 2008. In a Utilization Review Report dated February 26, 2015, the claims administrator failed to approve a request for transportation to and from all office visits. An RFA form of February 19, 2015 and associated progress note of February 17, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On June 4, 2014, the applicant reported ongoing complaints of low back pain. The applicant was apparently using a crutch to move around the exam room. The applicant was on Duragesic, Ultracet, Ambien, ketamine containing cream, Relafen, Wellbutrin, Neurontin, Norflex, Colace, and various other dietary supplements, it was acknowledged. The applicant's work status was not furnished. In a progress note dated November 25, 2014, the applicant was described as having developed issues with anxiety, depression, and a hairline fracture of the foot. The attending provider stated that the applicant was unable to drive to office visits of his own accord. Medical transportation was seemingly sought owing to the applicant's issues with foot pain, depression, and anxiety.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation, ODG Integrated Treatment/Disability Duration Guidelines Knee Transportation (to & from appointments).

Decision rationale: No, the request for transportation to and from all office visits was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 5, page 83 notes that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes making and keeping appointments. Thus, the request for transportation to and from office visits, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. While ODG's Knee Chapter transportation topic does acknowledge that transportation to and from appointments is recommended in applicants, who have disabilities to prevent them from self-transport, in this case, however, it be not clearly established that the applicant had disability or impairment, which would prevent or preclude self-transport. The applicant was described as having sustained a hairline fracture of the foot on November 20, 2014, i.e., two months before the date medical transportation was proposed. It did not appear that the applicant had a disability or impairment, which would prevent or preclude self-transport. It was not clearly stated, moreover, why the applicant could not use other means of public and/or private conveyance, such as public transportation, a taxicab, etc. Therefore, the request was not medically necessary.