

Case Number:	CM15-0083890		
Date Assigned:	05/06/2015	Date of Injury:	07/04/2012
Decision Date:	06/16/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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: Pennsylvania, Ohio, 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:

This is a 57 year old male with a July 4, 2012 date of injury. At the time (January 27, 2015) of the most recent evaluation submitted for review, there is documentation of subjective findings (left ankle pain; bilateral knee pain; history of traumatic brain injury; moderate depression; hypersomnia; headache), objective findings (slow speech; difficulty with memory; diminished resistance to dorsiflexion as a result of pain in the distal ankle; well healed surgical scar over the distal fibula/lateral malleolus that is tender to palpation; normal range of motion of the bilateral ankles; surgical scar on the proximal tibia on the left; antalgic gait), and current diagnoses (tibia/fibula fracture; traumatic brain injury; depressive disorder). Treatments to date have included ankle surgery, chiropractic care, medications, and work modifications. The medical record identifies that the injured worker has difficulties with concentration, social interaction, and activities of daily living secondary to pain and depression. The treating physician documented a plan of care that included lodging accommodations for twenty four days and transportation for thirty days while the injured worker participates in a functional restoration program due to the distance required to travel to the program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lodging Accommodation for 24 days: 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 (ODG) Transportation.

Decision rationale: MTUS does not address the issue of lodging or transportation for medical treatment. ODG recommends approval of transportation within the same community for individuals who are not capable of self-transport. There is no identified guideline, however, which considers or discusses treatment in another community, which thus requires both transport to a new community and lodging within that community. This question is therefore a question of payment policy but not a question of medical necessity; thus, it is outside the scope of physician review and cannot be certified. Therefore, the requested medical treatment is not medically necessary.

Transportation for 30 days: 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 (ODG) Transportation.

Decision rationale: MTUS does not address the issue of lodging or transportation for medical treatment. ODG recommends approval of transportation within the same community for individuals who are not capable of self-transport. There is no identified guideline, however, which considers or discusses treatment in another community, which thus requires both transport to a new community and lodging within that community. This question is therefore a question of payment policy but not a question of medical necessity; thus, it is outside the scope of physician review and cannot be certified. Therefore, the requested medical treatment is not medically necessary.