

Case Number:	CM14-0113281		
Date Assigned:	09/22/2014	Date of Injury:	09/05/2012
Decision Date:	10/24/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old female who reported an injury on 09/05/2012. The mechanism of injury was not provided. The injured worker's diagnoses included osteoarthritis of the knee, chondromalacia of the patella, and knee sprain/strain. The injured worker's past treatments included medication, surgery, and physical therapy. The injured worker's diagnostic testing included unofficial x-rays of the left shoulder and knees, which revealed 1 mm cartilage interval with respect to her knees. The injured worker's surgical history included left shoulder arthroscopy on 03/12/2014. On the clinical note dated 06/23/2014, the injured worker complained of pain in the left shoulder, cervical spine, lumbar spine, and right knee. The injured worker had reduced range of motion to the left shoulder with abduction 90 degrees and forward flexion 90 degrees. The injured worker's cervical spine range of motion was flexion 80%, extension 75%, lateral rotation 95% to 100%, lateral bending 95% to 100%, motor strength was slightly decreased with the deltoid on the left 4/5. The medical records noted the injured worker walks with a cane. The injured worker's medications included sleep medication, muscle relaxants, ibuprofen, stool softener, Norco, and tramadol. The frequency and dosage was not provided. The request was for transportation to and from all medical appointments. The rationale was not provided. The request for authorization was submitted on 05/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to/from all Medical Appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Knee and Leg Procedure Summary last updated 6/5/2014; regards transportation (to and 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, TRANSPORTATION.

Decision rationale: The injured worker is diagnosed with osteoarthritis, chondromalacia, and sprain/strain of the knee. The injured worker complains of left shoulder, cervical spine, lumbar spine, and right knee pain. The Official Disability Guidelines recommend transportation to and from appointments for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The injured worker's medical records lacked documentation of the inability of the patient to be able to transport self. The injured worker is noted to be able to walk with a cane. The injured worker was noted to have previous physical therapy of unknown amount of sessions. Additionally, the efficacy of the physical therapy was not indicated. There was a lack of documentation indicating functional objective deficits from physical exam and diagnostic imaging to warrant the necessity of transportation to and from medical appointments. Additionally, the request does not indicate the timeframe for the transportation for medical appointments. As such, the request for transportation to and from all medical appointments is not medically necessary.