

Case Number:	CM14-0119847		
Date Assigned:	09/16/2014	Date of Injury:	02/14/2001
Decision Date:	10/22/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 52 year-old female who was reportedly injured on February 14, 2001. The mechanism of injury is noted as a loss of balance and fall type situation. The most recent psychological treatment note dated July 1, 2014, indicates that there were ongoing complaints of frustration over difficulties with prescriptions and that a weight control program is being initiated. A podiatry evaluation was completed on July 1, 2014, noting multiple medical problems to include a kidney stone and left knee symptoms. The physical examination demonstrated tenderness to palpation over the 4th & 5th digits, a mottled appearance of the dorsal right forefoot and an area of hyperesthesia. A sympathetically mediated pain syndrome was discussed. Diagnostic imaging studies were not reported. Previous treatment includes bilateral total knee arthroplasty, physical therapy, multiple medications, and pain management interventions. A request was made for transportation services and was not certified in the pre-authorization process on July 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation Services: 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), Treatment Index, 11th Edition (web), 2013, Knee & Leg, Transportation (to & from appointments) (CMS, 2009)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, (Updated August 2014).

Decision rationale: It is noted that the ACOEM and MTUS do not address this topic. The parameters noted in the ODG were applied. There is no indication that this individual has sufficient disability requires transportation services. The narrative must include a discussion as to why public transportation cannot be used. Furthermore, other alternatives have not been explored. As such, there is insufficient clinical information presented to support the medical necessity of this request.