

Case Number:	CM14-0162677		
Date Assigned:	10/08/2014	Date of Injury:	10/04/2008
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/03/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 45 year old female with an injury date of 10/04/08. Based on the 07/30/14 progress report provided by [REDACTED] the patient presents with severe right antalgic gait, failed back syndrome, low back, right buttock and leg pain. Physical examination to the lumbar spine revealed diffuse tenderness, with lumbar flexion limited by pain and stiffness at 50 degrees. The use of a cane to support her ambulation has led to chronic and recurrent right elbow lateral epicondylitis. Per progress report dated 07/30/14, treater states that patient needs transportation due to her ambulatory impairment, inability to take public transportation or drive safely. Per request for authorization form dated 07/28/14, treater states that the frequencies of the transportation services are to be "as needed." Diagnosis 07/30/14- chronic failed back syndrome- right elbow lateral epicondylitis secondary to use of a cane due to right antalgic gait- residual lumbar radiculitis, right greater that [REDACTED] is requesting Transportation Services. The utilization review determination being challenged is dated 09/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 03/05/12 - 09/10/14.

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: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic) Chapter National Institutes of Health

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 under transportation

Decision rationale: The patient presents with failed back syndrome, low back, right buttock and leg pain. The request is for transportation services. Due to the use of her right upper extremity required to assist her severe right antalgic gait, the patient has developed right wrist tendinitis and relatively severe right elbow lateral epicondylitis. ODG guidelines Knee chapter under transportation states, "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." Per progress report dated 07/30/14, treater states that due to her ambulatory impairment, inability to take public transportation or drive safely, patient needs transportation. However, he has not documented the medical reasons for the patient's inability to self-transport, nor has he provided discussion regarding the patient's lack of social support. Per request for authorization form (RFA) dated 07/28/14; treater states that the frequencies of transportation services are to be "as needed." ODG states that transportation services would be for appointments that are medically-necessary. The request is not medically necessary.