

<b>Case Number:</b>	CM14-0096056		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 54 year old female whose date of injury is 10/28/2011. The injured worker reports that her right leg gave out and she lost her balance. Diagnoses are listed as right knee lateral meniscus tear and patellofemoral malalignment with degenerative joint disease of the right knee. She was scheduled for right knee arthroscopy with lateral meniscectomy, lateral retinacular release, debridement and chondroplasty on 06/18/14. The injured worker has been recommended for transportation on the day of surgery, to the first postoperative appointment and to the postoperative physical therapy appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation on the day of surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg Chapter - Transportation (to and from appointments) Department of Health Care Services - California: [http://www.dhcs.ca.gov/services/medi-cal/Documents/manCriteria 32 MedTrans.htm](http://www.dhcs.ca.gov/services/medi-cal/Documents/manCriteria%20MedTrans.htm).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Chapter, Transportation.

**Decision rationale:** The Official Disability Guidelines would support transportation for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. There is no information in the submitted clinical record regarding the injured worker's support system or lack thereof. There is no clear rationale provided as to why the injured worker cannot arrange for her own transportation. Therefore, the request is not medically necessary.

**Transportation to first post-op appointment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg Chapter - Transportation (to and from appointments) Department of Health Care Services - California: [http://www.dhcs.ca.gov/services/medi-cal/Documents/manCriteria 32 MedTrans.htm](http://www.dhcs.ca.gov/services/medi-cal/Documents/manCriteria%20MedTrans.htm).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Chapter, Transportation.

**Decision rationale:** The Official Disability Guidelines would support transportation for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. There is no information in the submitted clinical record regarding the injured worker's support system or lack thereof. There is no clear rationale provided as to why the injured worker cannot arrange for her own transportation. Therefore, the request is not medically necessary.

**Transportation to post-op Physical Therapy appointments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg Chapter - Transportation (to and from appointments) Department of Health Care Services - California: [http://www.dhcs.ca.gov/services/medi-cal/Documents/manCriteria 32 MedTrans.htm](http://www.dhcs.ca.gov/services/medi-cal/Documents/manCriteria%20MedTrans.htm).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Chapter, Transportation.

**Decision rationale:** The Official Disability Guidelines would support transportation for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. There is no information in the submitted clinical record regarding the injured worker's support system or lack thereof. There is no clear rationale provided as to why the injured worker cannot arrange for her own transportation. Therefore the request is not medically necessary.