

<b>Case Number:</b>	CM14-0218232		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/13/2009
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: 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:

According to the records made available for review, the injured worker is a 54 year-old female with a date of injury of 12/13/2009. The results of the injury include the lumbar spine. Diagnoses have included lumbar spine failed back surgery; lumbar spine surgical scar pain; spinal stenosis; and sciatica. Treatments have included medications, steroid injection, and physical therapy. Medications have included Voltaren XR. A progress note from the treating physician, dated 10/30/2014, documents an evaluation of the injured worker. The injured worker reported ongoing right hip pain; and internal rotation brings on the hip pain. Objective findings included increased right hip pain with internal rotation; and recent MRI revealed hip dysplasia, the cup on the right side is shallower than the left side, and recommendation for MRI of the right hip with contrast. Work status is listed as temporary totally disabled. Treatment plan was documented to include MRI of the right hip with contrast; diagnostic Novocain injection right hip; consult new pain management physician; and follow-up evaluation in 6 weeks. Request is being made for a prescription for Transportation: (1) Round-trip to [REDACTED] office. On 12/05/2014, Utilization Review non-certified a prescription for Round-trip to [REDACTED] office. Utilization Review non-certified a prescription for Round-trip to [REDACTED] office based on the lack of documentation to indicate that the injured worker has no other forms of transportation available, is bed-confined and other means of transportation are contraindicated, or that the injured worker has a medical condition that is such that transportation by ambulance is medically required. The Utilization Review cited the CA MTUS Guidelines; Official Disability Guidelines; and Medicare Guidelines

for Non-Emergency Transportation. Application for independent medical review was made on 12/24/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Transportation: (1) roundtrip to [REDACTED] office: 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 knee chapter, Transportation

**Decision rationale:** This patient presents with right hip pain. The treater has asked for TRANSPORTATION: 1 ROUNDTRIP TO DOCTOR'S OFFICE but the requesting progress report is not included in the provided documentation. The 9/2/14 report states: the patient has an antalgic gait and quite a bit of limp. Regarding Transportation to medical visits, ODG guidelines state they are recommended when medically-necessary to appointments in the same community for patients with disabilities preventing them from self-transport (CMS, 2009). In this case, the patient has an antalgic gait and walks with a limp. The physical exam does not show, however, that the patient is utilizing any assistive devices, nor is there any evidence of a neurologic condition that precludes inability to drive, or use public transportation. There is no discussion regarding patient's social situation either. The requested transportation to medical appointments does not appear medically necessary. The request IS NOT medically necessary.