

Case Number:	CM15-0116254		
Date Assigned:	06/30/2015	Date of Injury:	02/21/2006
Decision Date:	08/19/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/16/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 58 year old female, who sustained an industrial injury on February 21, 2006. Treatment to date has included diagnostic imaging, medications, right femur open reduction and internal fixation, and psychological therapy. Currently, the injured worker complains of bilateral knee pain. She describes her pain as aching, stabbing, sharp and burning pain. Her pain is aggravated with prolonged walking, sitting and standing and relieved with rest and ice therapy. On physical examination the injured worker has a right knee varus deformity and positive medial joint line tenderness. She has trace effusion of the knee. The diagnoses associated with the request include right knee medial meniscal tear, right femur fracture, status post open reduction and internal fixation of the femur, bilateral wrist sprains, lumbar strain and left knee meniscus tear. The treatment plan includes right knee arthroscopy with partial medial meniscectomy, Percocet, transportation to and from the surgery and overnight stay following surgery as the injured worker does not have anyone living with her.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from the surgery center: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Section: Knee, Topic: Transportation to and from appointments.

Decision rationale: CA MTUS does not address this issue. ODG guidelines are therefore used. ODG Guidelines recommend medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. This applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Others have to make arrangements. The injured worker is over 55 years old and meets the criteria for transportation. As such, the request is appropriate and medically necessary.