

Case Number:	CM15-0117528		
Date Assigned:	06/25/2015	Date of Injury:	02/19/2013
Decision Date:	07/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on February 19, 2013, incurring right knee injuries after tripping and twisting the knee. In March 2013, a right knee Magnetic Resonance Imaging revealed a meniscal tear. She underwent a right knee arthroscopy in April 2013. She was diagnosed with a right knee meniscal tear. The injured worker again fell and incurred injuries to the right knee and low back. In October 2013, a right knee arthroscopy was performed revealing a second meniscal tear. Treatment included knee bracing, pain injection, pain medications, anti-inflammatory drugs, and cane for mobility, physical therapy, pool therapy, ice and heat packs and work restrictions. Currently, the injured worker complained of low back pain and stiffness radiating up into her neck and radiating down into the legs with numbness. The pain increased with movement and prolonged sitting and standing. She complained of burning sharp pain in the right knee radiating up into the back and down into the shin, weakness, stiffness, swelling numbness and giving way. She was diagnosed with advanced right knee osteoarthritis requiring a total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Transportation for MUA procedure: Overturned

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 ODG-knee chapter and transportation and pg 66.

Decision rationale: Recommended for medically-necessary, transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the claimant was temporarily disabled and driving flared up the pain due to arthritis. She could not do land based therapy and even performed aqua therapy with transportation. As a result, the request for transportation for the MUA procedure is appropriate and medically necessary.