MAXIMUS Federal Services

Case Number:	CM15-0127204		
Date Assigned:	07/13/2015	Date of Injury:	07/04/2012
Decision Date:	08/07/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/01/2015

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: North Carolina
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 58 year old male with an industrial injury dated 07/04/2012. The injured worker's diagnoses include traumatic brain hemorrhage nec and open fracture of unspecified part of fibula. Treatment consisted of diagnostic studies, prescribed medications, functional restoration program and periodic follow up visits. In a progress note dated 05/08/2015, the treating physician reported that the injured worker was completing the [redacted] Functional Restoration Program (NCFRP) and was noted to have successfully participated in the whole program. Objective findings were not specified. The treating physician prescribed services for transportation assistance to and from clinic now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for transportation assistance to and from clinic: 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 Official Disability Guidelines (ODG) transportation.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG states transportation is recommended for medical necessary appointments when there is significant disability preventing the patient from self-transport or private or public transportation. The provided clinical documentation does not establish the patient meets these criteria and therefore the request is not medically necessary.