

<b>Case Number:</b>	CM15-0171539		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	04/06/2015
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: California, Hawaii

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:

The injured worker is a 55 year old female who sustained an injury on 4-6-15 resulting when she slipped and fell down steps landing on her right knee, and elbow. She had pain in her first and second metatarsal pad areas along with low back pain and spasm. She denied numbness or weakness; bruising or bleeding and no loss of consciousness. On 4-10-15, the medical record indicates follow up of on her foot injury and she was feeling much more comfortable and was able to walk barefoot at home now. Objective findings right foot appears normal without bruising or swelling; decreased tenderness at the dorsal base of the first great toe; good range of motion great toe and is able to stand and bear weight well; ankle has good range of motion and is stable. The CAM boot was discontinued and she was to use a good supportive shoe. X-rays right foot revealed no fracture. Naproxen was prescribed for inflammation and pain. Diagnoses are multiple contusions and strains as a result of fall. Physical therapy (6) visits for her low back and right foot along with modified work that included no lifting more than 25 pounds, kneeling or squatting. Limit bending, twisting, pushing and pulling and avoid repetitive and prolonged bending, twisting and strenuous pushing and pulling. On 4-19-15, the evaluation notes she woke up with pain and swelling in her left knee left and the pain occurs frequently. MRI left knee (5-26-15) reveals parrot beak tear of the posterior horn of medial meniscus with meniscal tissue displaced towards the intercondylar notch and small left knee joint effusions. On 6-8-15, she complained of knee pain that was chronic waxes and wanes, intermittent and generally moderate. Prolonged weight bearing will exacerbate the pain. Physical therapy has been of modest help with symptoms and per the record she was to continue with physical therapy, home exercises,

knee brace, Naproxen and Methacarbamol as needed. She remains significantly symptomatic and impaired in function with her left knee. Surgery on the left knee (torn meniscus) was performed on 8-4-15. 8-17-15 physical therapy note indicates she feels unsafe driving. She is ambulating with a cane; home program was strength and range of motion work along with icing to her left knee. The plan was to continue on home exercises and physical therapy in one week. 8-19-15 PR2 reveals she continues to have left knee pain since her surgery. Left lower extremity has intermittent to frequent and moderate to severe pain, difficulty bearing weight for long periods; prolonged or strenuous use of left lower extremity exacerbates her symptoms. Low back, tailbone pain has become intermittent to frequent and moderate. Knee movements moderately limited by pain and guarding, mild swelling extending down left leg to the foot. Treatment plan included reasonable accommodations at work and this included driving. She insisted that she is not able to drive her personal vehicle because it had a standard transmission and she has to use a clutch. Noted in the report was driving a vehicle with a clutch for any prolonged period of time would present a safety sensitive issue and discretion has to be used and it would be difficult to quantify just how much driving she would be able to do at this point using a clutch. Current requested treatments retrospective driver to get patient back and forth to work for one month Utilization review 8-26-15 for requested service was non-certified.

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

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

**Retrospective Driver to get patient back and forth to work for one month QTY 1 DOS 6/17/2015:** Upheld

**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-Acute & Chronic (updated 7/10/2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Knee and Leg Chapter, Transportation (to & from appointments).

**Decision rationale:** The patient presents with diagnoses that include multiple contusions and strains as a result of fall. The patient currently complains of pain and swelling in her left knee. X-rays of the right foot revealed no fracture. MRI of the left knee dated 5/26/15 reveals parrot beak tear of the posterior horn of medial meniscus with meniscal tissue displaced. The current request is for Retrospective Driver to get patient back and forth to work for one month QTY 1. The treating physician states in the 8/17/15 (178b) addendum to treating report that the patient left a message stating, "work comp will arrange transportation to and from work and post-op visits if I approve of it." The treating physician goes on to state, "I discussed the situation with her adjuster at length. In my opinion, providing transportation for a simple meniscectomy 2 weeks post-op is not within reasonable and customary. With that in mind if they would like to authorize that I certainly have no objection." MTUS is silent regarding the requested treatment. ODG states the following for transportation to and from appointments: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." AETNA has the following guidelines on transportation: "The cost of transportation primarily for, and essential to, medical care is an

eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." Though cost of transportation to doctor's appointments may be reimbursable. In this case, the treating physician has not documented that the patient cannot travel alone and requires assistance of a nurse or companion. The current request is not medically necessary.