MAXIMUS Federal Services

Case Number:	CM15-0040652		
Date Assigned:	03/10/2015	Date of Injury:	10/02/2012
Decision Date:	05/11/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/03/2015

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, Arizona
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 54-year-old female who reported an injury on 10/02/2012. The mechanism of injury was not stated. The current diagnoses include bilateral knee sprain, bilateral elbow medial and lateral epicondylitis, and bilateral shoulder impingement syndrome. The latest physician progress report submitted for review is documented on 11/17/2014. The progress note is handwritten and mostly illegible. The injured worker presented for a follow-up evaluation with complaints of persistent pain over multiple areas of the body. Upon examination of the bilateral knees, there was positive crepitus, as well as tenderness to palpation over the medial and lateral joint line. Recommendations at that time included an internal medicine consultation. It was noted that the injured worker was pending authorization for bilateral knee surgery. The injured worker was instructed to continue with the home exercise program, bracing, and current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from all medical appointments QTY: 6 (weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services Criteria Manuel Chapter 12.1, Criteria for Medical Transportation and Related Services.

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

Decision rationale: The Official Disability Guidelines state transportation is recommended for a medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self transport. In this case, there was no indication that this injured worker could not provide self transportation. There is also no mention of a contraindication to public transportation. Given the above, the request is not medically appropriate.

Home Care QTY: 6 (weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis. In this case, there is no documentation of a significant functional limitation. There is no indication that this injured worker is homebound or unable to perform activities of daily living. The specific type of services required were not listed. The California MTUS Guidelines state home care does not include personal care or homemaker services. Given the above, the request is not medically necessary.