

Case Number:	CM15-0070484		
Date Assigned:	04/17/2015	Date of Injury:	05/09/2014
Decision Date:	05/27/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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 (IW) is a 43-year-old female who sustained an industrial injury on 05/09/2014. Diagnoses include right medial meniscus tear. Treatment to date has included medications. Diagnostics included an MRI. According to the progress notes dated 12/22/14, the IW reported right knee pain rated 8-9/10. A request was made for post-operative transportation to appointments due to the IW being medically restricted from driving until the second post-operative appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Transportation To Appointments: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, leg injuries, transportation.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested medication. The ODG states transportation within the same community to medical

appointments for patients with disability that prevent them from self-transport. The patient is status post-surgery and cannot drive at the time of request. Therefore, the request is medically necessary and approved.