

<b>Case Number:</b>	CM15-0091548		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	12/09/2014
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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

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 64 year old female who sustained an industrial injury on 12/9/14. The injured worker was diagnosed as having healed left patella fracture, moderate to severe left medial compartment osteoarthritis, psychological stress due to an industrial injury and complaints of back and neck pain. Currently, the injured worker was with complaints of discomfort in the left knee, back and neck. Previous treatments included physical therapy, activity modification, and medication management. Previous diagnostic studies included radiographic studies. Physical examination was notable for bilateral knee medial joint line tenderness and patellofemoral crepitus. The plan of care was for transportation to all office visits and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to all Office Visits and Physical Therapy: 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 (updated 5/5/15), Transportation to & from appointments).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee and Leg/Acute and Chronic Section: Transportation to and From Appointments.

**Decision rationale:** The MTUS/ACOEM and Chronic Pain Medical Treatment Guidelines do not comment on the issue of providing transportation. However, the Official Disability Guidelines (ODG) do describe the indications for this service. The ODG state the following: Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice. In this case, there is no evidence that the patient meets the ODG criteria for transportation to all office visits and physical therapy. For example, the patient is not at a nursing home level of care. There is insufficient documentation on the level of disability of this patient; specifically, what is preventing her from self-transport to her appointments. For these reasons, transportation to all office visits and physical therapy is not considered as medically necessary.