MAXIMUS Federal Services

Case Number:	CM14-0149819		
Date Assigned:	09/18/2014	Date of Injury:	10/30/1997
Decision Date:	10/21/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Anesthesiology/Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 72-year-old female with a reported injury on 10/30/1997. The mechanism of injury was a fall. The diagnoses included status post left knee contusion/sprain. The past treatments included pain medication, physical therapy and surgical intervention. There were no diagnostic imaging tests submitted for review. The surgical history included a total knee replacement on 06/24/2013. The subjective complaints on 01/17/2014 included pain to the left knee. The physical examination noted left knee surgical scars were well healed with no signs or symptoms of infection. The left knee range of motion was decreased and the muscle strength test was rated 4/5 on flexion and extension. The patient is able to ambulate; however, does walk with a limp, favoring the left lower extremity. The medications were not listed in the records. The treatment plan was to continue the home exercise program, request home care assistance and request transportation to and from doctor's office visits. A request was received for transportation to and from doctor's office visits. The rationale for the request was not documented in the records. The Request for Authorization form was dated 01/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from Dr's Office: 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), Knee & Leg, Transportation (to and from appointments)

Decision rationale: The request for transportation to and from doctor's office visits is not medically necessary. The Official Disability Guidelines state that transportation to and from appointments is recommended for medically necessary for patients with disabilities preventing them from self-transport. The patient is status post knee replacement and has successfully completed 12 visits of physical therapy. The injured worker is noted to be able to walk with a limp; however, she does favor her left side. There was a lack of documentation as to why transportation is medically necessary to transport this patient to and from doctor's office visits. There is no rationale submitted with this request. In the absence of a rationale as to why transportation it is medically necessary for this patient to be transported to and from the office visits the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.