

<b>Case Number:</b>	CM17-0009883		
<b>Date Assigned:</b>	01/23/2017	<b>Date of Injury:</b>	10/25/2016
<b>Decision Date:</b>	02/14/2017	<b>UR Denial Date:</b>	01/12/2017
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2017

### **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: Maryland  
Certification(s)/Specialty: Internal Medicine, Rheumatology

### **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 26 year old male who sustained an industrial-work injury on 10-25-16. The injured worker was diagnosed as having right foot crush injury and right foot 2nd digit displaced fracture. Treatment to date has included medication, diagnostic testing, surgical shoe, and crutches. Currently, the injured worker complains of increased pain in the right foot rated 8 out of 10. Per the primary physician's progress report (PR-2) on 12-28-16, exam noted hypertension, tachycardia, moderate tenderness to palpation of the second digit distal phalanx with ecchymosis of the proximal nailbed as well as edema and discoloration to the second digit, mild discoloration of skin of right foot in comparison to the left, sensation is slightly diminished at the tip of the distal second phalanx, dorsiflexion 0 degrees and plantarflexion 30 degrees, decreased active range of motion of all digits in flexion and extension with and without resistance, motor strength is 4 out of 5, reflexes are 2+ at Achilles, capillary refill is less than 2 seconds, no pain with varus stress. Current plan of care includes transportation due to not having a car. The Request for Authorization requested service to include Transportation to-from all medical appointments. The Utilization Review on 1-12-17 denied the request for Transportation to-from all medical appointments.

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

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

**Transportation to/from all medical appointments:** Upheld

**Claims Administrator guideline:** The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation ODG Guidelines, 14th Edition, 2016, Knee Chapter.

**MAXIMUS guideline:** The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/ Transportation.

**Decision rationale:** This 26 year old male has complained of pain in the foot since date of injury 10/25/2016. He has been treated with medications. The current request is for transportation to/from all medical appointments. Per the ODG guidelines cited above, transportation is recommended for patients with disabilities preventing them from self transport, who are age 55 years or older and who need a nursing home level of care. The patient does not meet any of these criteria per the available medical documentation. On the basis of the available medical records and per the ODG guidelines cited above, the request for transportation to/from all medical appointments is not indicated as medically necessary.