

Case Number:	CM13-0018336		
Date Assigned:	11/06/2013	Date of Injury:	05/12/2008
Decision Date:	01/14/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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 patient is a 55-year-old, male with a date of injury on 5/12/08. The progress report dated 7/24/13 by [REDACTED] noted that the patient had received a new prosthesis that was not allowed to get wet and that he previously had a simple prosthesis for use in the shower. It was noted that there is danger with the patient hopping in and out of the shower without prosthesis on. The patient's diagnoses include: disorders sacrum; sciatica; and pain in joint lower leg- right knee. A request was made for shower prosthesis for safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

custom fabricated shower prosthesis for right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Knee and Leg section. .

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on Official Disability Guidelines (ODG), Section Prostheses (artificial limb)..

Decision rationale: The progress report dated 7/24/13 by [REDACTED] noted that the patient had received a new prosthesis that was not allowed to get wet and that he previously had a simple prosthesis for use in the shower. It was noted that there is danger with the patient hopping in and out of the shower without prosthesis on. The patient's diagnoses include disorders sacrum; sciatica; and pain in joint lower leg- right knee. A request was made for shower prosthesis for safety. MTUS does not address prosthesis therefore, ODG was used. ODG states that a lower limb prosthesis may be considered medically necessary when the patient will reach or maintain a defined functional state within a reasonable period of time; the patient is motivated to ambulate; and the prosthesis is furnished incident to a physician's services or on a physician's order. The requested prosthesis appears to be medically necessary and supported by the above guideline. Authorization is recommended.