MAXIMUS Federal Services

Case Number:	CM13-0041669		
Date Assigned:	12/20/2013	Date of Injury:	12/23/2009
Decision Date:	02/20/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/14/2013

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 Pain Management, has a subspecialty in Certificate in Diability Evaluation 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 claimant is a 44-year-old male with stated date of injury of 12/23/2009. At the time of his injury, the claimant was the warrantee administrator for a [redacted]. According to the medical record reviewed the claimant was hit by a vehicle that was backing up in the parking lot of his employer with resultant injury to his right leg. He also suffered injuries to his low back, neck and shoulder as well as fracture of the right foot. Other medical problems include the following: Insulin-dependent Type 2 Diabetes, neuropathic right foot, diabetic peripheral neuropathy in both of his feet, a past history of a coronary artery bypass surgery, chronic renal insufficiency with a 20% efficiency rate, likely hepatorenal syndrome with possible fatty infiltration of the liver, umbilical hernia, obesity, and hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for 1 Prosthesis for the right lower extremity between 10/4/2013 and 11/18/2013: 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), Online Version. Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter - Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Prosthesis, Amputations.

Decision rationale: CA-MTUS (Effective July 18, 2009) is mute on this topic. The Official Disability Guidelines-Prostheses (artificial limb): Recommended as indicated below. A prosthesis is a fabricated substitute for a missing body part. Lower limb prostheses may include a number of components, such as prosthetic feet, ankles, knees, endoskeletal knee-shin systems, socket insertions and suspensions, lower limb-hip prostheses, limb-ankle prostheses, etc. See also Microprocessor-controlled knee prostheses. Criteria for the use of prostheses: A lower limb prosthesis may be considered medically necessary when: I. The patient will reach or maintain a defined functional state within a reasonable period of time; 2. The patient is motivated to ambulate; and 3. The prosthesis is furnished incident to a physician's services or on a physician's order. Prosthetic knees are considered for medical necessity based upon functional classification, as follows: (a) A fluid or pneumatic knee may be considered medically necessary for patients demonstrating a functional Level 3 (has the ability or potential for ambulation with variable cadence, typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion), or above. (b) A single axis constant friction knee and other basic knee systems are considered medically necessary for patients demonstrating a functional Level 1 (has the ability or potential to use a prosthesis for transfers o ambulation on level surfaces at fixed cadence, typical of the limited and unlimited household ambulator), or above. (c) A high-activity knee control frame is considered medically necessary for patients whose function level is 4. (has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels, typical of the prosthetic demands of the child, active adult, or athlete), or above. (d) Microprocessor-controlled leg prostheses (e.g., Otto Bock C-Leg, lntelligent Prosthesis, and Ossur Rheo Knee) are considered medically necessary in otherwise healthy, active community ambulating adults (18 years of age or older) demonstrating a. functional Level 3, or above, with a knee disarticulation amputation or a trans-femoral amputation from a non-vascular cause (usually trauma or tumor) for whom thi~ prosthesis can be fitted and programmed by a qualified prosthetist trained to do so. (Sansam, 2009) According to ODG guidelines, prosthesis is recommended when the patient has reached or has maintained a defined functional state within a reasonable period of time. The patient is motivated to ambulate. Given the patient has not yet undergone a surgery for amputation, which will take some time to heal, and there is no indication that further surgery might be necessary, the request for a prosthesis at this time is premature. [redacted] stated t