

Case Number:	CM13-0053597		
Date Assigned:	04/09/2014	Date of Injury:	02/26/2008
Decision Date:	06/11/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 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 patient is a 47 year old male with an injury date of 02/26/08. Based on the 09/10/13 progress report provided by [REDACTED], the patient complains of left and right upper extremity pain. The patient was working under a pile driving hammer (40,000 lbs) which came down on top of his arms, crushing and amputating them. He has severe phantom limb pain rated as a 7/10. He has two sets of prosthesis, a mechanical set and a myoelectric set. The patient is diagnosed with amputation through forearm, depression with anxiety and posttraumatic stress disorder. [REDACTED] is requesting for the purchase of 6 socks. The utilization review determination being challenged is dated 10/25/13 and recommends denial of the socks purchase. [REDACTED] is the requesting provider, and he provided treatment reports from 05/09/13- 10/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF : 6 PROSTHETIC SOCKS: Overturned

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), Durable Medical Equipment.

Decision rationale: According to the 09/10/13 report by [REDACTED], the patient presents with constant unremitting phantom limb pain s/p bilateral traumatic upper extremity amputations. The request is for purchase of 6 socks. The progress report with the request does not specifically discuss the request. However, the socks are likely used in multi-layers to accommodate swelling/shrinkage of the stump and to properly fit the prosthesis. The request of 6 socks is medically reasonable. There are no guidelines that specifically address this request. Recommendation is for authorization.