MAXIMUS Federal Services

| Case Number: | CM13-0055385 | | |
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| Date Assigned: | 12/30/2013 | Date of Injury: | 01/29/2008 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 10/23/2013 |
| Priority: | Standard | Application Received: | 11/21/2013 |

## 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 Orthopedic Surgery, 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 claimant is a 52-year-old female who was hit by a forklift on 01/29/08 and sustained a right below the knee amputation. The medical records provided for review indicated that the claimant's injury was complicated by a preexisting diagnosis of diabetes. The follow up examination on December 13, 2013 noted continued complaints of phantom limb pain and stump pain in the right lower extremity. Examination showed skin breakdown at the distal aspect of the stump with a neuropathic component of phantom pain. Recommendations at that time included continuation of medications of narcotic analgesics, Neurontin, and Ambien, a stump revision due to wound breakdown. Postoperatively this individual was treated with a prosthetic fitting, medications, a spinal cord stimulator trial, and activity modifications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 STUMP REVISION OF RIGHT BELOW KNEE AMPUTATION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDGuidelines, http://www.mdguidelines.com/amputation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Knee Procedure - Amputation.

**Decision rationale:** The Official Disability Guidelines support the request for stump revision of below the knee amputation for this individual. The medical records provided for review document that the claimant had a traumatic below the knee amputation now with wound breakdown. Given the claimant's underlying comorbidities including her diabetic history, a prompt treatment of the wound with appropriate surgical intervention to improve and maximize tissue would be medically necessary and appropriate.