

Case Number:	CM13-0062657		
Date Assigned:	04/30/2014	Date of Injury:	05/12/2008
Decision Date:	06/02/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/05/2013

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 & Rehabilitation, 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:

According to the records made available for review, this is a 56-year-old male with a 5/12/08 date of injury. At the time (10/16/13) of the request for authorization for new shower prosthesis for the left lower extremity, there is documentation of subjective (pain in his left lower extremity, he does complain of a new area of venous dilation and bleeding at the stump of his left leg, he previously had a simple prosthesis for use in the shower but the permanent prosthesis's are not allowed to get wet, it is dangerous now in that he is having to hop in and out of the shower) and objective (left stump area of redness is noted, no active bleeding or drainage is noted, multiple areas of tenderness) findings, current diagnoses (disorders sacrum, sciatica, and pain in joint lower leg - right knee), and treatment to date (medication and a prosthesis).

IMR ISSUES, DECISIONS AND RATIONALES

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

NEW SHOWER PROSTHESIS FOR THE LEFT LOWER EXTREMITY TO BE USED WHEN HE USES HIS BIKE AND ABLE TO GET IT WET: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG).

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

Decision rationale: The ODG identifies documentation that 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 to a physician's services or on a physician's order, as criteria necessary to support the medical necessity of a prosthesis. Within the medical information available for review, there is documentation of diagnoses of disorders sacrum, sciatica, and pain in joint lower leg - right knee. In addition, there is documentation that the patient has reached a defined functional state, the patient is motivated to ambulate, and the prosthesis is furnished on a physician's orders. In addition, there is documentation that the patient previously had a simple prosthesis for use in the shower but the permanent prosthesis's are not allowed to get wet and it is dangerous now in that the patient has to hop in and out of the shower. Therefore, based on guidelines and a review of the evidence, the request is medically necessary and appropriate.