

<b>Case Number:</b>	CM13-0065111		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/17/1998
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 injured worker is a 65-year-old male who reported an injury on 02/17/1998. The mechanism of injury was not provided in the medical records. His symptoms included an increase in pain to the lower back region, as well as numbness/tingling radiating into his right lower extremity and into his right foot. The injured worker reported lower back pain rated 8/10. Tenderness was noted over the spinous processes of the lower lumbar spine, in the midline, as well as over the bilateral lumbar paraspinal musculature where muscle spasms and myofascial trigger points were noted. Examination of the injured worker's left lower extremity prosthetic device revealed signs of wear, with a large crack in the superior-anterior rim of the solid portion of the prosthetic. The injured worker was diagnosed with lumbar strain/sprain. Past medical treatment included psychotherapy and oral medications. Diagnostic studies were not included in the medical records. On 10/03/2013, a request for a new left lower extremity prosthetic device was made due to signs of wear, with a large crack in the superior-anterior rim of the solid portion of the prosthetic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEW LEFT LOWER EXTREMITY PROSTHETIC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, Prostheses

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Prostheses (Artificial Limb)

**Decision rationale:** The Official Disability Guidelines further state a prosthesis is a fabricated substitute for a missing body part. Lower limb prosthesis may include a number of components, such as prosthetic feet, ankles, knees, endoskeletal knee-shin systems, socket insertions and suspensions, lower limb-hip prosthesis, and limb-ankle prosthesis, etc. The documentation submitted for review indicated the injured worker's current prosthetic device revealed signs of wear, with a large crack in the superior-anterior rim of the solid portion of his prosthetic. The provider recommended the prosthetic device be replaced or repaired by a qualified prosthetist. The documentation submitted for review indicated the prosthetic device may be repaired by a qualified prosthetist; therefore, the request for a new prosthetic device is not supported. In the absence of details regarding the inability to repair the prosthetic device, the request is not supported. Given the above, the request for a New Left Lower Extremity Prosthetic is non-certified.