

Case Number:	CM14-0007671		
Date Assigned:	02/07/2014	Date of Injury:	05/16/2006
Decision Date:	06/12/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/16/2014

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 Podiatry, 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 45 year old male who reported an injury on 05/16/2006. The mechanism of injury was not provided. Per the 12/19/2013 clinical note, the injured worker reported radiating low back pain and left foot pain. Objective findings included tenderness over the L5-S1 bilaterally and decreased lumbar range of motion. Physical examination of the left foot showed tenderness over the partial traumatic amputation site, positive Tinel's test between the 1st and 2nd metatarsal head at the amputation site, and decreased sensation. The request for authorization form for a replacement left shoe spacer prosthesis was submitted on 12/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOE SPACER PROSTHESIS REPLACEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Ankle & Foot Procedure Summary.

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 Official Disability Guidelines state a prosthesis is recommended for the following indications: 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

incident to a physician's services or on a physician's order. The medical records provided indicate a partial traumatic amputation at the metatarsophalangeal joint level. The injured worker reported left foot pain rated at 6/10 and that he was walking more. The rationale for requesting a replacement left shoe spacer prosthesis was not provided. There is a lack of documentation concerning the condition of the injured worker's current shoe spacer. There is no indication the current spacer is not adequately functioning. The medical necessity for a replacement left shoe spacer prosthesis was not established. As such, the request is not medically necessary and appropriate.