

<b>Case Number:</b>	CM14-0018541		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	05/07/2001
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 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:

This 48 year-old male sustained an injury on 5/7/2001 while employed by [REDACTED]. Requests under consideration include 2 Lithium Ion Batteries and six (6) below knee Suspension/Seal Sleeves. The patient is s/p bilateral traumatic below the knee amputation and continues to treat for ongoing phantom limb pain. Report of 12/3/13 from the provider noted patient with complaints of post amputation pain on left leg predominantly below the knee. Exam showed mild restriction of lumbar flexion and rotation; intact bilateral sensation; and trace neurologic on bilateral patella. Diagnoses include traumatic amputation of legs and phantom limb pain syndrome. Medications list Lisinopril, Simvastatin, Warfarn, Omeprazole, Diclofenac sodium, Venlafaxine, and Carbamazepine. Report of 10/15/13 from a provider noted patient with persistent pain; mention of multiple left femoral nerve blocks over the years; has a 20 year chewing tobacco history; has refused spinal cord stimulator placement. Diagnoses include bilateral knee traumatic amputation with phantom pain; neuroma of stump; and unspecified hereditary and idiopathic peripheral neuropathy. Treatment included repeating Demerol and Phenergan injections. Dated prescription of 1/16/14 from the DME vendor, [REDACTED] signed by the provider has request for the above DME for 2 lithium ion batteries and 6 below knee suspension sleeve were non-certified on 2/4/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWO (2) LITHIUM ION BATTERIES:** Upheld

**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) Knee Chapter, Prostheses (Artificial Limb), Page 341 & Durable Medical Equipment, Page 297:

**Decision rationale:** MTUS Guidelines are silent on the requested DME (Durable Medical Equipment). Submitted reports have not adequately demonstrated the indication, clinical findings, and medical necessity for the lithium ion battery in terms of what electronic equipment it supports or its intended use will be for this injury of 2001. Therefore, the request for two (2) Lithium Ion batteries is not medically necessary and appropriate.

**SIX (6) BELOW KNEE SUSPENSION/SEAL SLEEVE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, pages 1015-1017 and ODG Knee & Leg, Prostheses (Artificial limb).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Knee Chapter, Prostheses (Artificial Limb), Page 341.

**Decision rationale:** MTUS Guidelines are silent on the requested DME (Durable Medical Equipment). Submitted reports have not adequately demonstrated the indication for six (6) suspension sleeve, clinical findings, and medical necessity. It is unclear whether this would be a replacement of previously worn sleeves, why 6 sleeves are needed, what clinical condition, functional status or activity limitations are present for this 2001 post traumatic amputation injury with patient having persistent ongoing phantom pain syndrome. Therefore, the request for six (6) below knee suspension/seal sleeves is not medically necessary and appropriate