

Case Number:	CM14-0122594		
Date Assigned:	08/06/2014	Date of Injury:	06/14/2013
Decision Date:	09/11/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/04/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 patient is a 38-year-old male the date of injury of June 14, 2013. He sustained a severe traumatic injury to the left leg resulting in above-knee of dictation. Patient has been diagnosed now with fentanyl and syndrome myofascial pain and posttraumatic stress disorder. At this time the patient is unable to ambulate stairs and has to take with his prosthetic leg. A note from the prostatitis states at the patient's experience loss of suspension of his prosthetic socket. On exam the patient had bruising around the inguinal ligament and medial exit area of the socket. At issue is whether the patient needs replacement socket and foot socket.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement Socket and Foot Socket: 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 Physical medicine and rehabilitation. Randall Brandom. Elsevier 4th edition 2011.

Decision rationale: The medical records do not contain sufficient documentation does support the need for new prosthetic socket. There is no note from the prostatitis which explains the

rationale for the request for shanks for system with multiaxial rotation. Psychiatry notes are not present to clarify the rationale for placing both the socket and foot as opposed to simply replacing the socket. The medical records indicate that the fundamental concern is that the patient has loss of volume in the thigh socket. More detailed information from the prostates is medically necessary at this time. In addition the rehabilitation physician must comment in the medical record as to the need for the new prostheses socket. Criteria for revision prosthesis in the sockets not met.