

<b>Case Number:</b>	CM14-0145321		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/14/2001
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 and Rehabilitation has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/14/01 when, while working as a correctional officer, he was attacked by an inmate. He sustained injuries to the right knee and testicle. He was found to have a lateral meniscus tear and underwent arthroscopic surgery in November 2001. He developed chronic left leg pain with recurrent ulcerations and blood clots. He was seen on 06/27/14 for wound care. His past medical history included hypertension, peripheral arterial disease, type II diabetes and a left femoral popliteal bypass in October 2010. He had left lower extremity pain rated at 8-10/10. He was considering undergoing an amputation. As of 07/10/14 he was having ongoing constant pain. He was considered a candidate for a below knee amputation which was done on 07/15/14. On 07/16/14, he was doing well. He was able to ambulate 15 feet with a walker and contact guard assistance. He was at a standby or contact guard level of assistance for transfers. There had been a resolution of left lower extremity pain after the amputation. On 07/18/14 he required standby assistance when ambulating with a rolling walker. He was at a modified independent level of function for toilet transfers. He was able to perform activities of daily living but had easy fatigue ability and was impulsive. He was motivated to perform a home exercise program. The importance of daily lower extremity exercise was emphasized. He was discharged with planned home health and occupational therapy services including an evaluation for setting up a bedroom and bathroom and to continue with therapeutic exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health care physical therapy 1xday for (QTY=WEEKS) QTY: 3.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and recently underwent a left below knee amputation without reported complication. When discharged from acute care, there had been a resolution of left lower extremity pain after the amputation and he was able to perform activities of daily living and was motivated to perform a home exercise program. Guidelines address the role of therapy after a below knee amputation with a postsurgical physical medicine treatment period of 8 months and up to 48 therapy visits over 6 months. In this case, the claimant would be expected to be able to participate in an outpatient therapy program. He has a unilateral lower impairment without upper extremity impairment or other identified impairing condition. Home based physical therapy is not medically necessary.

**Home Health Care Occupational Therapy QTY 1Xday for 2 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amputation of leg Page(s): 24.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and recently underwent a left below knee amputation without reported complication. When discharged from acute care, there had been a resolution of left lower extremity pain after the amputation and he was able to perform activities of daily living and was motivated to perform a home exercise program. Guidelines address the role of therapy after a below knee amputation with a postsurgical physical medicine treatment period of 8 months and up to 48 therapy visits over 6 months. In this case, the claimant would be expected to be able to participate in an outpatient therapy program. He has a unilateral lower impairment without upper extremity impairment or other identified impairing condition. Home based occupational therapy is not medically necessary.