MAXIMUS Federal Services

Case Number:	CM14-0163572		
Date Assigned:	10/08/2014	Date of Injury:	12/18/2007
Decision Date:	12/31/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family Practice 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:

57 year old female claimant sustained a work injury on 12/18/07 involving the leg and hip. She had undergone an amputation of the left leg due to a foot abscess and infection. IN addition, she underwent a left hip replacement. A progress note on 8/13/14 indicated the claimant had pain in the right hip, shoulder and knee for the past year. Exam findings were notable for a well-healed left scar. Muscle relaxants were given at the time. She was noted to have a well adjusted prosthesis. No other examination of the knees was noted. A subsequent request was made for a prosthesis leg for swimming.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water/Swimming Prosthetic Leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DME

Decision rationale: According to the guidelines, prosthesis are recommended for amputees. Aquatic therapy is optional form of exercise when land based therapy cannot be provided. In this

case, the claimant has a prosthesis for land based functioning. There was no indication that she cannot perform land-based exercises. There was no indication on the need for aqua therapy. The request for prosthesis for swimming is not medically necessary.