

<b>Case Number:</b>	CM14-0167262		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	02/28/2008
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Internal Medicine, 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 (IW) is a 53 year-old man with a date of injury on February 28, 2008. He was working as a supervisor in [REDACTED] on an oil rig. He states that he was helping to lift a floor when the elevators came down on his leg completely amputating the lower leg. The IW presented on September 5, 2014 for follow-up regarding his left leg pain/below the knee amputation. He received all of his liners for leg prosthesis. The IW was noted to have lost so much weight that the socket no longer fits and was causing pain. The IW was able to sleep better with Lyrica. He is also taking Lorazepam QID, which the provider cautioned against, noting that it was habit forming and he was only to take it at night. The provider notes that more pressure points on the stump consistent with an ill- fitting prosthetic. Objective findings include: The stump shows pressure points; a little more so than the other visits in the past. He is complaining of pain in the left hip and low back pain because he is not able to walk properly due to the ill-fitting prosthesis. The following limitations were provided to the IW: No climbing ladders, no lifting over 30 pounds, and no walking more than 30 minutes continuously. The IW is in the process of being worked up for a neuroma and may have neuroma surgery depending on the review of the MRI. The prosthesis provider gave verbal report that they want to put the new socket on hold due to the IW may be a candidate for neuroma surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: New Socket for Left Prosthetic:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, 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; prosthesis

**Decision rationale:** Pursuant to the Official Disability Guidelines, the artificial limb prosthesis is not medically necessary at this time. The Official Disability Guidelines state prosthesis is a fabricated substitute for a missing body part. Lower limb prosthesis may include a number of compliments such as prosthetic feet, ankles, knees, endoskeleton knee-shin systems, socket insertions and suspensions, lower limb hip prosthesis etc. Criteria for the use of prosthesis are: lower limb prosthesis may be considered medically necessary when the patient or return 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 services on a physician's order. In this case, the IW has lost a great deal of weight and the socket prosthesis no longer fits properly and causes pain at the insertion site. The treating physician requested a new socket. The provider noted multiple pressure points on the stump consistent with an ill-fitting prosthesis. The treating physician stated the injured worker is in the process of being worked up for a neuroma and may be a candidate for neuroma surgery. The prosthesis surgery is purportedly being. Consequently, the prosthesis surgery is not medically necessary at this time. Based on the clinical information in the medical record and the peer-reviewed, evidence based guidelines, the prosthesis is not medically necessary at this time.