

Case Number:	CM14-0176162		
Date Assigned:	10/29/2014	Date of Injury:	06/07/1986
Decision Date:	12/05/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/23/2014

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 General Preventive Medicine, and is licensed to practice in Indiana. 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 employee is a 54 year old male with date of injury of 6/2/1986. A review of the medical records indicate that the patient is undergoing treatment for right below the knee amputation. Subjective complaints include needing a new prosthetic. Objective findings include right leg below the knee amputation at the tibia with prosthetic. Treatment has included physical therapy and right leg prosthesis. The utilization review dated 10/1/2014 non-certified a functional capacity evaluation, an inner gel line, two topical compound medications, and two prosthetic accessories.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation;: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work hardening program Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional Capacity Evaluation (FCE)

Decision rationale: MTUS is silent specifically regarding the guidelines for a Functional Capacity Evaluation, but does cite FCE in the context of a Work Hardening Program. An FCE may be used to assist in the determination to admit a patient into work hardening program. Medical records do not indicate that this is the case. ACOEM states, "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." The treating physician does not indicate what medical impairments he has difficulty with assess that would require translation into functional limitations. ODG states regarding Functional Capacity Evaluations, "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." The treating physician does not detail specifics regarding the request for an FCE, which would make the FCE request more "general" and not advised by guidelines. ODG further states, Consider an FCE if: 1) Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: - Close or at MMI/all key medical reports secured - Additional/secondary conditions clarified. Do not proceed with an FCE if - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged. Medical records do not indicate the level of case management complexity outlined in the guidelines. The treating physician is not specific with regards to MMI. The employee is already working 40 hours a week, and there is no documentation as to what questions would be answered by a FCE. As such, the request for a Functional Capacity Evaluation is not medically necessary at this time.

Inflammation Topical Compound (Lidocaine 6%/Gabapentin 10%/Ketoprofen 10%) With 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photo-contact dermatitis and photo-sensitization reactions." Therefore, the request for Inflammation Topical Compound (Lidocaine 6%/Gabapentin 10%/Ketoprofen 10%) With 2 Refills is not medically necessary.

Inner Gel Line;; 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 and Leg, Prosthetic (artificial limb)

Decision rationale: Regarding prosthetics, MTUS is silent, but ODG states the following: "Recommended as indicated below. A prosthesis is a fabricated substitute for a missing body part. Lower limb prostheses may include a number of components, such as prosthetic feet, ankles, knees, endoskeletal knee-shin systems, socket insertions and suspensions, lower limb-hip prostheses, limb-ankle prostheses, etc. See also Microprocessor-controlled knee prostheses. Criteria for the use of prostheses: Lower limb prosthesis may be considered medically necessary when: 1. the patient will reach or maintain a defined functional state within a reasonable period of time; 2. the patient is motivated to ambulate; and 3. the prosthesis is furnished incident to a physician's services or on a physician's order." The employee has had a prosthetic right lower leg for many years. There is no medical documentation as to why he is requesting new prosthetic and new equipment for it. The chief complaint is that he needs a new prosthetic, but the provider makes no comment on the deficiencies in the current one and the functional benefits that the employee would get from a new one. Therefore, the request for an inner gel line is not medically necessary.

Muscular Pain Topical Compound (Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/ Lidocaine 5%) With 2 Refills;; Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photo-contact dermatitis and photo-sensitization reactions." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. Therefore, the request for Muscular Pain Topical Compound (Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/ Lidocaine 5%) With 2 Refills is not medically necessary.

Right Leg Outer Suspension Sleeve;; 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), Treatment Index, 12 Edition (web) , 2014, Knee & Leg Chapter Prosthesis(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 and Leg, Prosthetic (artificial limb)

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Sock And Tube-Up Of Prosthetic Leg: 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), Treatment Index, 12 Edition (web) , 2014, Knee & Leg Chapter Prosthesis(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 and Leg, Prosthetic (artificial limb)

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makes no comment on the deficiencies in the current one and the functional benefits that the employee would get from a new one. Therefore, the request for a Sock and Tube-Up of Prosthetic Leg is not medically necessary.