

<b>Case Number:</b>	CM14-0176741		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	11/26/1992
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Interventional Spine 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 patient is a 60 year old female with an injury date of 11/26/92. The 09/25/14 report by ■■■ states that the patient presents for a follow up following left below knee amputation. The patient is currently experiencing pain rated 8/10. The treating physician also notes, "Other episodes of bronchitis with 'abx'." This report states the patient is unable to work until follow up after planned inpatient rehab hospitalization. The reports indicate that the "bka" is in error as all discussion and the diagnosis is for left "aka". Examination of the "right" lower extremity shows 1+ pretibial edema. The patient's diagnoses include: "Aka" secondary to complications of infection Depression and anxiety. The utilization review being challenged is dated 10/13/14. The rationale regarding home physical therapy is that it is not clear if the prosthesis is usable in light of debilitated state of chronic bronchitis and O2 requirements and if debilitated state would allow physical therapy. As regards the Shrinker the rationale is that the patient is not using the prostheses and is not a community ambulatory. Regarding the Powerchair, not necessary if use of a manual wheelchair is possible, and regarding the body blade machine, the machine cannot be used due to debilitated condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home physical therapy for prosthetic training:** 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 Post-surgical Knee; physical medicine Page(s): 24-25;98-99.

**Decision rationale:** The patient presents for follow up of left above knee amputation with pain rated 8/10 as well as complaint with the right knee. The treating physician requests for HOME PHYSICAL THERAPY FOR PROSTHETIC TRAINING. MTUS guidelines Post-surgical Knee pages 24-25 states that for post amputation 48 visits over 6 months are allowed. MTUS non post-surgical guidelines pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The 09/25/14 treatment plan states, "home PT resumption for homebound patient with recent illness/debility, for prosthetic training." This report further states, "can't go to PT as can't get transportation still, had home PT, stopped coming two weeks ago." The treating physician also states the patient wears the prosthesis every other day but doesn't feel safe with walking and uses the countertop or walker. The request to resume home treatment shows as early as the 06/26/14 report. The patient underwent left above knee amputation due to infection following total knee replacement on 07/15/13. She received inpatient rehabilitation from 07/18/13 to 08/01/13. Following a fall she received left knee aka revision surgery on 08/21/13 and debridement left aka on 08/21/13. There was additional inpatient rehabilitation from 09/17/13 to 10/01/13. In this case, it does not appear the patient remains within a post-surgical treatment period. The reports indicate the patient received the prosthesis between 03/07/14 and 06/26/14; however, the reports do not show how many prior physical therapy treatments the patient has received and no physical therapy treatment reports are provided. The treating physician does not explain why resumption of home physical therapy is needed at this time when the treating physician is requesting for inpatient rehabilitation. Furthermore, the request is for an indeterminate number of sessions which exceeds what is allowed per MTUS. In this case, recommendation is for not medically necessary.

**Shrinker x 2 for limb volume management:** Overturned

**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 & Leg chapter, Prostheses

**Decision rationale:** The patient presents for follow up of left above knee amputation revision 08/21/13 with pain rated 8/10 as well as complaint with the right knee. The treating physician requests for SHRINKER X 2 FOR LIMB VOLUME MANAGEMENT. "ODG guidelines Knee & Leg chapter, Prostheses, state they are recommended when furnished incident to a physician's services or on a physician's order."The reports show the patient underwent left above knee amputation on 07/15/13 with revision surgery on 08/21/13 and that the patient is currently using prosthesis. The 06/26/14 treatment plan requests an above knee amputation shrinker for limb

volume management when out of prosthesis. Prosthesis use is recommended by ODG and this request is likely to be of great help to the patient in her use of the device. Recommendation is for medically necessary.

**Powerchair with leg rest:** 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 & Legg Chapter, Power mobility devices

**Decision rationale:** The patient presents for follow up of left above knee amputation with pain rated 8/10 as well as complaint with the right knee. The treating physician requests for POWER CHAIR WITH LEG REST. ODG guidelines Knee & Legg Chapter, Power mobility devices, states, "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair." The treating physician states on 06/26/14 that this request is because the patient cannot currently use prosthesis for community mobility at this time and it increasingly appears she will not progress to community ambulation or even household ambulation with her prosthesis. The 09/25/14 report states the patient is using a manual wheelchair for ambulation, that the patient is with and without prosthesis daily, transfers with the prosthesis are with frequent falls and "stand and step" Without prosthesis the report states: stands and pivots from hospital bed to chair and hops to the toilet and uses a shower bench to bathe. With the prosthesis a walker is used to ambulate in house and to the vehicle. In this case, the treating physician does not discuss why the patient is unable to continue to use the manual wheelchair and does not discuss a caretaker. Recommendation is not medically necessary.

**Body blade machine:** 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 & Leg Chapter, Exercise Equipment and Durable Medical Equipment

**Decision rationale:** The patient presents for follow up of left above knee amputation with pain rated 8/10 as well as complaint with the right knee. The treating physician requests for BODYBLADE MACHINE. "ODG guidelines Knee & Leg Chapter, Exercise Equipment and Durable Medical Equipment, state is recommended generally if there is a medical need and if it fits the following Medicare definition: Can withstand repeated use; Primarily serves a medical purpose, Generally is not useful to a person in the absence of illness or injury; Is appropriate for use in the patient's home" The treating physician notes that the reason for the request is due to

the request of the patient, but does not discuss the medical need. In this case, it does not appear that this exercise equipment is primarily for use for medical purposes, illness or injury. The treating physician does not discuss if use is appropriate in the patient's home. Recommendation is not medically necessary.