

Case Number:	CM14-0028016		
Date Assigned:	06/20/2014	Date of Injury:	02/17/2009
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/05/2014

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 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 is a 65-year old male with a reported date of injury on 02/17/2009. The injury reportedly occurred when a co-worker accidentally drove a forklift into the worker, crushing his right leg between a forklift and a rack. The injured worker's right leg examination revealed a below the knee amputation and leg prosthesis. The clinical note dated 02/12/2014 indicated the prosthesis was loose-fitting at the knee and decreased range of motion at the ankle articulation, which the physician states was causing low back pain and left foot pain for the injured worker. The clinical note also indicted that the injured worker presented to the appointment for re-check of left knee. The injured worker stated left his knee was doing well and had no pain. On physical examination, the injured worker's left knee quadriceps and hamstring strength was measured at 5/5. The left knee range of motion revealed flexion to 125 degrees, with no painful range of motion. An X-ray of an unknown date of the left knee demonstrated well-fixed total knee components. There was no evidence of migration or loosening. The patella appeared to be well tracking and the joint spaces symmetrical with no evidence of polyethylene wear. The lumbar spine range of motion was not provided within the clinical information available for review. In addition, the documentation related to previous physical therapy or other conservative care was not available for review. A request for authorization for a new right leg prosthesis-made by BIOM was submitted on 02/26/2014. The physician indicated that he was requesting authorization for a new right leg prosthesis made by BIOM for the injured worker's below the knee amputation due to the loose fitting and poor ankle articulation of the prosthesis the injured worker was utilizing.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEW RIGHT LEG PROSTHESIS - MADE BY BIOM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ANTHEM GUIDELINES; CIGNA GUIDELINES.

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, Prostheses (artificial limb). Other Medical Treatment Guideline or Medical Evidence: Biom.com.

Decision rationale: The Official Disability Guidelines state that prosthesis is recommended as indicated. Prosthesis is fabricated to substitute for a missing body part. Lower limb prosthesis may include a number of components, such as prosthetic feet, ankles, knees, and skeletal knee-shin systems, socket insertions and suspensions, lower limb prosthesis, limb-ankle prosthesis. Micro-processor control leg prostheses are considered medically necessary in otherwise healthy, active, community ambulating adults demonstrating a functional level 3 (has the ability or potential for ambulation with variable cadence, typical community ambulatory who has the ability to transverse most environmental barriers and may have occasional, therapeutic, or exercise activity that demands prosthetic utilization be on simple locomotion). In addition, the patient should have a knee disarticulation, amputation, or transfemoral amputation from a non-vascular cause (usually trauma or tumor) for whom the prosthesis can be fitted and programmed by a qualified prosthetic trained to do so. There are over 100 different prosthetic knee designs currently available. The choice of the most appropriate design depends on the patient's underlying activity level. According to BIOM.com, the BIOM system provides bionic propulsion, breakthrough technology that will help the injured worker achieve goals and improve mobility. The ankle technology actually powers movement and produces a more natural gait. Since all other commercially available ankle devices do not provide natural bionic propulsion during the walking stance phase, significant gait deviations occur. According to the documentation dated 02/12/2014, the prosthesis is loose-fitted and has poor ankle articulation and range of motion which the physician states is causing low back pain, and the injured worker was starting to have left foot pain. There was a lack of documentation related to the injured worker's lumbar range of motion or functional deficits. In addition, the physician notes that the injured worker presented on 02/12/2014 to have his left knee rechecked and the injured worker stated his knee was doing well and he had no pain. There was a lack of documentation related to the left leg range of motion or functional deficits related to the left knee. In addition, there was a lack of documentation related to the goals to be reached for the utilization of the BIOM leg prosthesis. There was a lack of documentation related to the injured worker's deficit and functional ability and the goal for increased functional ability with the BIOM propulsion. Therefore, the request for a new right leg prosthesis made by BIOM is not medically necessary.