

Case Number:	CM14-0046011		
Date Assigned:	07/02/2014	Date of Injury:	06/19/2005
Decision Date:	09/05/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 45-year-old male who reported an injury on 06/19/2005. The mechanism of injury was wood pieces fell off a roof at the construction site striking the injured worker on his safety helmet, cracking his helmet, hitting his right shoulder, and pushing him into a wall. Treatments included medications and surgical interventions. The injured worker underwent therapy with medications, physical therapy, functional restoration program, right shoulder surgery as well as lumbar surgery, psychological counseling and epidural steroid injections. The documentation of 12/23/2013 revealed the injured worker had complaints of neck pain that radiated bilaterally in the upper extremities and low back pain that radiated to the bilateral lower extremities. The physical examination revealed the injured worker was utilizing a walker in order to ambulate. The injured worker had decreased strength at the dermatomal levels of L5-S1. The injured worker underwent an MRI of the cervical spine and lumbar spine. The diagnoses included cervical radiculitis, failed back surgery syndrome, lumbar, lumbar post laminectomy syndrome, lumbar radiculopathy, lumbar spine status post fusion, depression, iatrogenic opioid dependency, other chronic pain, and failed epidurals. The treatment plan included a spinal cord stimulator and a new left lower leg prosthetic with an orthotic shoe, as well as pain medications and a psych clearance prior to spinal cord stimulator implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: left lower leg prosthetic with orthotic shoe: 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) ankle and foot chapter, knee and leg.

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, Prosthesis, Shoe insoles/shoe lifts.

Decision rationale: The Official Disability Guidelines indicate that prosthesis may be considered medically necessary when the injured worker will reach or maintain a defined functional state within a reasonable period of time. The injured worker is motivated to ambulate and the prosthesis is furnished incidental to physician services or on a physician order. The clinical documentation submitted for review failed to provide documentation that the injured worker had a need for a prosthetic leg. There was a lack of documentation of a condition to support the necessity for a prosthetic leg. The Official Disability Guidelines recommend shoe lifts or insoles for injured workers with significant leg length discrepancies or those who stand for a long period of time. There was a lack of documented rationale for the request. There was a lack of documentation indicating the injured worker had a significant leg length discrepancy or was standing for an extended period of time. Given the above, the request is not medically necessary.