

Case Number:	CM14-0049563		
Date Assigned:	07/07/2014	Date of Injury:	10/16/1961
Decision Date:	09/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 72-year-old male who was injured on October 16, 1961. The patient continued to experience pain in his left leg secondary to an ill fitting prosthesis. The patients' injury resulted in an above the knee amputaiton of the left leg. Physical examination was notable for above the knee amputation with ill fitting prosthesis. The diagnosis is left mid-thigh amputation. Treatment included medications and a walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPLACEMENT OF PROSTHESIS: 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 Prosthesis.

Decision rationale: A lower limb prosthesis may be considered medically necessary when the patient will reach or maintain a defined functional state within a reasonable period of time, when the patient is motivated to ambulate, and when the prosthesis is furnished incident to a physician's services or on a physician's order. In this case the patient's prosthesis was 7 years old

and a replacement was requested because the prosthesis was ill fitting. Physical examination documented does not support the ill fitting of the device. There is no documentation of skin breakdown or irritation. There is insufficient information in the medical record to support replacing the prosthesis. The request is not medically necessary.