

<b>Case Number:</b>	CM14-0061681		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/17/2007
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Occupational Medicine, 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:

This 34 year old patient had a date of injury on 1/17/2007. The mechanism of injury was not noted. In a progress noted dated 4/18/2014, subjective findings included flare up of intermittent moderate low back pain, and flare up of his phantom pain in left leg below the knee. Patient continues to experience locking and popping of the right knee. On a physical exam dated 4/18/2014, objective findings included amputation above the knee by approximately 3 and inches. The skin over the stump is intact with no erythema. There is a tender soft swollen area from the posterior to lateral lower extremity. Spasms are noted. Diagnostic impression shows lumbosacral radiculopathy, cervical radiculopathy, status post left above the knee amputation. Treatment to date: medication therapy, behavioral modification. A UR decision dated 4/21/2014 denied the request for X-3 Prosthetic leg, stating that the patient already been provided with a prosthetic leg in 2011, and that a refitting was certified and refitted on 1/3/2013. It is not evident from the 3/21/2014 report that the patient's current C-leg prosthetic and running prosthetic, which are less than 4 years old, are non-functional or malfunctioning to warrant replacement at this time. The medical necessity for new prosthetic leg, when the patients current prosthetic devices clearly possess high-level technology that is functioning properly, is not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-3 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 Knee & 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, and on Other Medical Treatment Guideline or Medical Evidence:<http://www.ottobockus.com/prosthetics/lower-limb-prosthetics/solution-overview/x3-prosthetic-leg/>.

**Decision rationale:** MTUS does not address this issue. ODG criteria for use of prosthesis is that a 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 physicians order. The X-3 is known to provide more physical capabilities than most prosthetics and to be water proof. In a progress report dated 3/21/2014, the patient complains that he is unable to do any activities at the pool or lake due to his current prosthetic leg being not water proof. It was noted in the 3/21/2014 that the prosthetic assessment of the X-3 prosthetic leg was reviewed, and that the X-3 could improve overall function. However, the assessment was not provided in the reports reviewed, and there was no detailed discussion regarding how the X-3 in particular, would help the patient reach or maintain a defined functional state within a reasonable period of time. Therefore, the request for prosthetic leg X-3 is not medically necessary.