MAXIMUS Federal Services

Case Number:	CM14-0189933		
Date Assigned:	11/21/2014	Date of Injury:	09/05/2013
Decision Date:	01/08/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/13/2014

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 Pain 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:

The injured worker is a 21 year-old male, who on September 5, 2013, was injured while performing regular work duties. The mechanism of injury is from a machine landing on, and crushing the left leg. The injured worker has not worked since the date of the injury. The injured worker has received treatment which includes: left lower leg amputation, medications, left lower leg prosthesis, psychological consultation, and physical therapy. An evaluation on November 14, 2014, indicates the injured worker is embarrassed by the current look of the left lower leg prosthesis. The records do not indicate how a realistic aesthetic cover for c-leg will change or improve the injured workers activities of daily living. The request for authorization is for a realistic aesthetic cover for c-leg. The primary diagnosis is post-traumatic stress disorder. Additional diagnoses are: depressive disorder not otherwise specified, and pain disorder associated with both psychological factors and a general medical condition. On October 14, 2014, Utilization Review non-certified the request for realistic aesthetic cover for c-leg, per MTUS guidelines. Noncertification was recommended due to the requesting provider stating that the cover is for cosmetic purposes and would not improve the patient's functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Realistic aesthetic cover for C-leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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, Durable medical equipment (DME)

Decision rationale: Regarding the request for Realistic aesthetic cover for C-leg, California MTUS does not address the issue. ODG states that DME is defined as equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. Within the documentation available for review, the requesting physician has stated that the aesthetic cover is not for any functional improvement and solely to improve the appearance of the patient's prosthetic leg. Therefore, the currently requested aesthetic cover would not be used to serve a medical purpose as required by guidelines. As such, the currently requested Realistic aesthetic cover for C-leg is not medically necessary.