MAXIMUS Federal Services

Case Number:	CM14-0191888		
Date Assigned:	11/25/2014	Date of Injury:	07/10/1995
Decision Date:	01/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56 year old male with an injury date of 07/10/95. The patient is status post right above-the-knee amputation (AKA) surgery on 09/20/07 due to Methicillin-resistant Staphylococcus aureus (MRSA) infection following total knee replacement (date not provided), as per the operative report. As per physician's progress report dated 10/16/14, the patient currently complains of right lower extremity pain. Physical examination of the right knee reveals tenderness to palpation at the end of the stump along with laceration from prosthetic. In progress report dated 08/25/14, the patient rates his pain as 3/10 with medications. Current medications, as per progress report dated 10/16/14, include Norco, Ibuprofen, Neurontin, Nortriptyline, and Tylenol. The patient has undergone 26 surgeries to the right knee due to neuroma, 8 surgeries to the forearm and 3 surgeries to the left shoulder, as per the same progress report. Patient's work status, as per progress report dated 10/16/14, is permanent and stationary.Diagnoses on 10/16/14 included the following:- Pain in limb- Amputation of lower limb (right)The treater is requesting for purchase of prosthetic for right lower extremity. The utilization review determination being challenged is dated 11/07/14. The rationale was that the patient's current prosthesis was recently repaired and "the records do not establish that the recent repair has been ineffective to support replacement of the current prosthetic." Treater reports were provided from 09/20/07 - 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a prosthetic for the right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg Chapter, Prostheses (artificial limb)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Knee & Leg, Prosthesis (artificial limb)

Decision rationale: The patient is status post right above-the-knee amputation (AKA) surgery on 09/20/07, as per the operative report. He currently presents with pain the right lower extremity, as per progress report dated 10/16/14. The request is for purchase of prosthetic for right lower extremity. ODG guidelines, Chapter Knee & Leg and Topic 'Prosthesis (artificial limb)', state 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 physician's order.In this case, there was malfunctioning with the patient's original prosthetic and [redacted] evaluated the problem while the patient used a loaner prosthetic limb, as per progress report dated 08/25/14. In the Utilization Review Denial Letter, the patient states that his current prosthetic "changes modes unexpectedly, further decreasing his confidence in the prosthesis." The patient has "fallen or nearly fallen" on several occasions. Adjustments were made to the unit at least three times in in April 2014, May 2014, and October 2014, as per the denial letter. In progress report dated 10/16/14, physical examination revealed "band aids covering laceration from prosthetic." The report also states that the prosthesis has allowed the patient "to have significant functional improvement. He has been able to participate in athletic events given his use of prosthetic device." He has also served as a mentor for others who have had amputation, as per the same progress report. Given the patient's motivation to ambulate and maintain a defined functional state, as required by ODG guidelines, the request for prosthetic for the right lower extremity is medically necessary.