

Case Number:	CM15-0006853		
Date Assigned:	01/26/2015	Date of Injury:	08/13/2012
Decision Date:	03/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old male who reported injury on 08/13/2012. The injured worker was noted to have a mangled lower extremity fracture status post fall. There was a Request for Authorization submitted for review dated 01/07/2015. The documentation of 12/10/2014 revealed the prosthetist had been working with the injured worker for more than 2 years. The documentation indicated there was a technical challenge to make the injured worker's prosthesis work correctly due to the injured worker's femur length being too long. The problem was noted to be there was an inability to position the prosthetic knee where it needs to be, posterior several meters. Because the femur is too long, they could not use the appropriate componentry to get the knee posterior as required by the manufacture. There was no space to use the necessary components. The problem was noted to cause the injured worker's knee to be unstable. The prosthetist indicated that at mid stance as there was movement like a toggle action which caused the knee to be unstable. It was noted to be technically impossible to get rid of this. Additionally, the documentation indicated since receiving the C-Leg, the injured worker had to walk with his legs straight and out to the side to gain the necessary stability to walk. The injured worker trialed a Genium knee and the prosthetist was able to use the necessary component to slide the knee posterior because the building height the Genium is shorter than the C-Leg. The result was a smoother knee during walking and more stability and a more natural gait. Additionally, the knee comes with additional features like a gyroscope which allows the knee to adjust when the body weight line shifts as in holding something heavy in front of you where the C-Leg does not. Taking steps backwards, there is stability that the C-Leg cannot provide. It was

opined, to sum it, up the Genium versus any other knee would provide improved stability and a more natural safer gait. The documentation of 12/19/2014 revealed the injured worker felt unstable with his C-Leg when ambulating. The injured worker was over compensated when he was walking and was feeling he was at a high risk of falling. The injured worker was slightly circumducting when ambulating. There was a popping sensation when he ambulated. His above the knee amputation stump had no skin breakdown or sign of infection. The diagnoses included gait dysfunction, right femoral shaft fracture with open reduction internal fixation with intramedullary rod placement and status post left knee amputation secondary to mangled extremity secondary to fall. The treatment plan included a Genium bionic knee since the C-Leg was making the injured worker unstable with his knee amputation, and he was at a high risk of falling. The documentation of 01/23/2015 revealed the injured worker was utilizing his C-Leg without an assistive device. The injured worker was aching and had no skin breakdown. The injured worker had instability at mid stance phase and instability when ambulating and as such, was at high risk for falling.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENIUM BIONIC KNEE, LEFT: 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

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, Artificial Limb.

Decision rationale: The Official Disability Guidelines indicate that a microprocessor controlled leg is recommended for injured workers who are otherwise healthy, active community ambulating adults demonstrating a functional level of 3 or above with the knee disarticulation, amputation or a transfemoral amputation from a nonvascular cause. The clinical documentation submitted for review indicated the injured worker had a C-Leg. However, it was documented the use of the leg was unsafe for the injured worker and he was at high risk for falling with the current prosthesis. The injured worker's femur was a little longer and the Genium had a shorter height which allowed for proper fitting, more comfort and a more stable walk. These would be exceptional factors to support the necessity for a Genium bionic knee. Given the above, the request for Genium bionic knee, left is medically necessary.