

Case Number:	CM15-0101888		
Date Assigned:	06/09/2015	Date of Injury:	10/17/2003
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 70 year old male, who sustained an industrial injury on 10/17/2003. On providers most recent visit dated 04/20/2015 the injured worker has reported pain, swelling of left knee and sharp pain right wrist. On examination of the right wrist revealed positive swelling, and positive tenderness. Crepitus pain with range of motion which is limited. Left knee positive crepitus, boney enlargement medial comp and positive tender medially, range of motion 0-120 and positive McMurray sign. The diagnoses have included left ankle instability. Treatment to date has included laboratory studies, medication and consultations. The provider requested Ank- foot sys dors plant flex (Elan microprocessor foot).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ank-foot sys dors plant flex (Elan microprocessor foot): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Amp: Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot section, under Prostheses.

Decision rationale: This claimant was injured now about 12 years ago. As of April, there is pain, left knee swelling and right wrist pain. There is reported left ankle instability, however, there is no mention of foot amputation or planned amputation that might drive a need for a prosthetic foot. This Elan microprocessor foot device is a microprocessor-controlled hydraulic foot from Endolite that uses microprocessor-controlled technology to provide real time, simultaneous adjustments as the user walks, reportedly allowing for a smoother gait without thought from the user. It is designed to adapt dynamically to provide assistance when walking on a variety of surfaces and changing gait speeds. Regarding such prostheses, the MTUS is silent. The ODG notes: A prosthesis is a fabricated substitute for a missing body part. Lower limb prostheses may include a number of components, such as prosthetic feet, ankles, knees, endoskeletal knee-shin systems, socket insertions and suspensions, lower limb-hip prostheses, limb-ankle prostheses, etc. See also Microprocessor-controlled foot prostheses; Proprio-Foot (Ossur); & Tensegrity prosthetic foot. 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. The role of a lower limb prosthesis in a patient with ankle instability is not clear. There is no evidence of amputation either. The clinical need for this form of advanced prosthesis is not medically necessary.