MAXIMUS Federal Services

Case Number:	CM15-0102296		
Date Assigned:	06/04/2015	Date of Injury:	08/08/2012
Decision Date:	07/10/2015	UR Denial Date:	05/11/2015
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: California, North Carolina
Certification(s)/Specialty: Family Practice

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 58 year old man sustained an industrial injury on 8/8/2012. The mechanism of injury is not detailed. Diagnoses include post-excision cortical bone spike tot eh right below the knee amputation stump and painful exostosis medial cortex of the tibia. Treatment has included oral medications. Physician notes dated 4/8/2015 show complaints of pressure at the distal end of the right tibia and inability to walk more than short distances due to pain. The physician noted that the worker's leg is sliding in the socket. Recommendations include a new sock and socket change from a hard socket to a softer material.

IMR ISSUES, DECISIONS AND RATIONALES

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

Socket insert left knee x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online version, knee and leg, protheses.

Decision rationale: CA MTUS does not address this request. ODG were utilized. In this case there is no recent comprehensive clinical evaluation of the patient from the treating physician that addresses the proposed durable medical equipment. The last evaluation was on 09/04/2014. The active treatment program in conjunction with prosthetic use is also not mentioned. Thus this request is not medically necessary at this time.

Inner socket Left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online version, knee and leg, protheses.

Decision rationale: CA MTUS does not address this request. ODG are utilized. In this case, there is no recent comprehensive clinical evaluation of the patient from the treating physician that addresses the proposed request for durable medical equipment. The last evaluation was 09/04/2014. The active treatment program in conjunction with prosthetic use was also not mentioned. Thus the request is not medically necessary at this time.

Addition test socket left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online version, knee and leg, prostheses.

Decision rationale: CA MTUS does not address this request. ODG are utilized. In this case, there is no recent comprehensive clinical evaluation of the patient from the treating physician that addresses the proposed durable medical equipment. The last evaluation was 09.04/2014. The active treatment program in conjunction with prosthetic use was not mentioned. Thus the request is not medically necessary or established at this time.