

Case Number:	CM15-0134584		
Date Assigned:	07/22/2015	Date of Injury:	09/11/1998
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/13/2015

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: 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:

The injured worker (IW) is a 55-year-old male who sustained an industrial injury on 09/11/1998. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as status post blow the knee amputation (08/31/2009) with neuropathic pain, status post revision amputation (05/25/2010) and he has a cardiac arrhythmia status post automatic implantable cardioverter defibrillator. Current diagnoses (06/03/2015) include: 1. Left below knee amputee; 2. Peripheral neuropathy; 3. Neuropathic pain; 4. Chronic pain syndrome; 5. Opioid dependence; 6. Gait dysfunction; 7. Joint pain, particularly at knee; 8. Status post V-tach with pacemaker defibrillator. Currently, the injured worker complains of neuropathic pain and is on medication management for his opioid consumption. He is using crutches due to fear of his prosthesis failing. His medications include Percocet, two tablets four times daily plus one at bedtime. He also uses Ambien CR at bedtime. He has no medication issues with exception of constipation. He states the quality of life is satisfactory on the medications and he is able to continue with activities of daily living. Painful areas remain in his stump, shoulders, leg, foot, and hips. He is fearful that his prosthesis will fail. On exam, he is positive for left stump, right foot, and some shoulder pain, but negative for joint swelling, redness, and contractures of joint deformities in the upper extremities. He is positive for the left lower extremity having a below the knee amputation stump. The right lower extremity has no joint swelling, redness, contractures or stiffness. The plan of care is for the worker to have his prosthesis evaluated for a new one, and he is encouraged to lift weights and do upper body exercises to increase his activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

New Prosthetic Foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower leg prosthesis.

Decision rationale: The ACOEM and the California MTUS do not specifically address the requested service as prescribed. The ODG states lower limb prosthesis is necessary when the patient will reach or maintain a defined functional steps, the patient is motivated to ambulate and the prosthesis is furnished incident to a physician's services. The supplied records do not show a cause for a new prosthesis and therefore the request could not be medically necessary.