

Case Number:	CM15-0189499		
Date Assigned:	10/01/2015	Date of Injury:	10/03/2002
Decision Date:	11/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 53-year-old female with a date of industrial injury 10-3-2002. The medical records indicated the injured worker (IW) was treated for status post left above the knee amputation and scar disfigurement and contracture in the soft tissues of the right thigh. In the progress notes (5-14-15), the IW reported her old prosthetic water leg was worn out because she accompanied her son to the pool four times per week, to a local lake once per week, and to the beach more than once per week from May to October. The notes indicated she had never had a nice cover for her sea leg before. The provider stated the leg was worn out at the hinge of the knee, indicating frequent use. The IW also reported no change in her pain since her last visit. The records did not indicate when the previous prosthesis was obtained. A Request for Authorization was received for a stump shrinker (left leg) and a prosthetic water leg (left leg). The Utilization Review on 9-15-15 non-certified the request for a stump shrinker (left leg) and a prosthetic water leg (left leg).

IMR ISSUES, DECISIONS AND RATIONALES

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

Stump shrinker, left leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - 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) Knee & Leg (Acute & Chronic), Durable medical equipment (DME) and Other Medical Treatment Guidelines LCD: Lower Limb Prostheses.

Decision rationale: The claimant has a remote history of a work injury in October 2002 after being struck by a bus. She sustained a completed femur fracture complicated by infection and underwent a left above knee amputation and also sustained injuries to the right lower extremity. When seen, she was using a water prosthesis which was worn and in need of replacement. She was having poor fit with pain and was at risk for pressure ulcers. There had been weight fluctuations of 40 pounds which had affect the size of her residual limb. She was using a microprocessor control prosthesis and a water leg when accompanying her son to a pool 4 times per week, a lake weekly, and more than once a week at a beach from May to October. Physical examination findings of the claimant's residual limb were not provided when the request was made. Durable medical equipment can be recommended if there is a medical need and if the device or system meets the Medicare definition of durable medical equipment (DME) In this case, the information provided is insufficient to establish the medically necessary of the requested prosthesis or shrinker. Without supporting physical examination findings or a description of why the claimant's current water prosthesis cannot be repaired or refurbished, the request cannot be accepted as being medically necessary.

Prosthetic water leg, left leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - 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) Knee & Leg (Acute & Chronic), Durable medical equipment (DME) and Other Medical Treatment Guidelines LCD: Lower Limb Prostheses.

Decision rationale: The claimant has a remote history of a work injury in October 2002 after being struck by a bus. She sustained a completed femur fracture complicated by infection and underwent a left above knee amputation and also sustained injuries to the right lower extremity. When seen, she was using a water prosthesis which was worn and in need of replacement. She was having poor fit with pain and was at risk for pressure ulcers. There had been weight fluctuations of 40 pounds which had affect the size of her residual limb. She was using a microprocessor control prosthesis and a water leg when accompanying her son to a pool 4 times per week, a lake weekly, and more than once a week at a beach from May to October. Physical examination findings of the claimant's residual limb were not provided when the request was made. Durable medical equipment can be recommended if there is a medical need and if the

device or system meets the Medicare definition of durable medical equipment (DME) In this case, the information provided is insufficient to establish the medically necessary of the requested prosthesis or shrinker. Without supporting physical examination findings or a description of why the claimant's current water prosthesis cannot be repaired or refurbished, the request cannot be accepted as being medically necessary.