

Case Number:	CM15-0193491		
Date Assigned:	10/07/2015	Date of Injury:	12/10/2011
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, California
 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 is a 53-year-old male who sustained an industrial injury on 12-10-2011. Diagnoses are status post-amputation to bilateral lower extremities performed 5-2014; altered gait; Diabetes Type I; and, complaint of worsening diabetes and kidney problems due to work injury. Treatment discussed include bilateral below the knee amputations secondary to ankle fractures and methicillin resistant staphylococcus aureus infection, physical therapy with his last session noted in April, 2015, home exercise, and he is using temporary prostheses while waiting for permanent ones. At the 8-26-2015 visit, he reports some pain with walking and phantom pain in both legs. The physician noted that his temporary prosthesis has become loose due to weight loss, and causes pain with prolonged standing and walking. The treating physician's plan of care includes replacement temporary prosthesis, but this was denied on 9-3-2015. The injured worker is on temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temporary Prostheses: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Edition, Knee and Leg Chapter, 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 chapter and pg 56.

Decision rationale: According to the guidelines, prosthetic limbs are appropriate in cases where it maintains a functional state and allows one to ambulate. In this case, the claimant had below the knee amputations. Due to weight loss, the prosthesis was ill fitting. This can lead to further complications and wounds without a proper fitting device. The request for a temporary prosthesis is appropriate to allow functionality without injury. Therefore, the requested treatment is medically necessary.