

<b>Case Number:</b>	CM15-0200868		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/15/2003
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: California, Massachusetts

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 62 year old female who sustained an industrial injury on 07-15-2003. She was diagnosed with left knee osteoarthritis, and a right lower leg amputation below the knee. In provider notes of 09-18-2015, the worker is seen in follow up for follow up of general chronic pain and knee pain. She states she has persistent pain in her lower back. The worker rates this pain at 8 on a scale of 0-10 and describes it as aching throbbing, sharp, and at times dull. She has left knee pain that has gradual onset. On 09-18-2015, the severity level is 7, the frequency is constant, and the pain lasts about 30-60 minutes and is worsening. Pain is described as aching, sharp and throbbing, and is aggravated by movement, pushing and walking. The pain is relieved by medications and rest. She also has had steroid injections in the knee. Her medications include Norco, Trazadone, and MS Contin. In the visit of 09-01-2015, the worker states her low back pain is resolving. Objectively, her right knee is painful, she rates her pain as a 4. Objectively the knee has no edema and no swelling. Her pain medications were refilled and she is to continue her home exercise program and follow up with orthopedic surgeon. A request for authorization was submitted for: 1. Right knee-neoprene sleeve prosthetic, 2. Socket insert with lock mech Qty: 2, 3. Outer surface covering, Bk, endo, flexible, protective, add to lower extension. A utilization review decision 09-10-2015 non-approved the requests in their entirety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee-neoprene sleeve prosthetic: 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), Knee & Leg (updated 07/10/15) Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg/prosthesis.

**Decision rationale:** The injured worker is a 62 year old female with a right knee prosthesis due to an industrial injury in 2003. According to recent clinic notes, the IW has chronic pain including right knee pain and has an antalgic gait due to the pain. The rest of the knee exam is fairly normal with no evidence of prosthetic deterioration including misalignment, swelling or deformity and there is no focal point tenderness at the location of the prosthesis. Given the lacking physical exam evidence suggesting that the current prosthesis requires replacement, the request for right knee-neoprene sleeve prosthetic is not medically necessary at this time.

**Socket insert with lock mech qty: 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (updated 07/10/15) Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section/ prosthesis topic.

**Decision rationale:** The injured worker is a 62 year old female with a right knee prosthesis due to an industrial injury in 2003. According to recent clinic notes the IW has chronic pain including right knee pain and has an antalgic gait due to the pain. The rest of the knee exam is fairly normal with no evidence of prosthetic deterioration including misalignment, swelling or deformity and there is no focal point tenderness at the location of the prosthesis. Given the lacking physical exam evidence suggesting that the current prosthesis requires replacement, the request for socket insert with lock mechanism is not medically necessary at this time.

**Outer surface covering, Bk, endo, flexible, protective, add to lower extension: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (updated 07/10/15) Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section/ prosthesis topic.

**Decision rationale:** The injured worker is a 62 year old female with a right knee prosthesis due to an industrial injury in 2003. According to recent clinic notes the IW has chronic pain including right knee pain and has an antalgic gait due to the pain. The rest of the knee exam is fairly normal with no evidence of prosthetic deterioration including misalignment, swelling or deformity and there is no focal point tenderness at the location of the prosthesis. Given the lacking physical exam evidence suggesting that the current prosthesis requires replacement, the request for Outer surface covering, Bk, endo, flexible, protective, add to lower extension is not medically necessary at this time.