

<b>Case Number:</b>	CM15-0211746		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: 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 30-year-old male, with a reported date of injury of 10-03-2013. The diagnoses include left below the knee amputation, peripheral neuralgia, neuritis, and radiculitis, and closed fracture of the femoral condyle. The medical report dated 09-17-2015 indicates that the injured worker continued to have significant pain in the left leg and an improper fitting of his prosthesis. He noticed increased pain in his lower back more that he walked. The injured worker rated his pain 4 out of 10. The medical report dated 07-22-2015 indicated that the injured worker rated his pain 1-6 out of 10; and 4 out of 10 usually. The treating physician indicates that the injured worker's last urine drug screen was "consistent" with what he was taking. The injured worker reported tingling, weakness, and difficulty with walking. The physical examination showed a slightly antalgic gait pattern without equipment; normal manual muscle strength in both upper extremities; good functional range of motion of the right lower extremity; no signs of atrophy of the right leg; excessive Trendelenburg and list to the left side on single limb standing; and pistoning in and out of his prosthesis during walking. The injured worker's disability status (07-22-2015 and 09-17-2015) was noted as temporarily totally disabled. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Percocet, Protonix, Restoril, Melatonin, Lyrica, Horizant, Ambien, and physical therapy. The request for authorization was dated 09-29-2015. The treating physician requested additional left above the knee prosthetic DME (durable medical equipment). On 10-06-2015, Utilization Review (UR) non-certified the request for additional left above the knee prosthetic DME (durable medical equipment).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional left above knee prosthetic durable medical equipment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and 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 chapter and pg 56.

**Decision rationale:** According to the guidelines: Criteria for the use of prostheses: A lower limb prosthesis may be considered medically necessary when: 1. The patient will reach or maintain a defined functional state within a reasonable period of time; 2. The patient is motivated to ambulate; and 3. The prosthesis is furnished incident to a physician's services or on a physician's order. Prosthetic knees are considered for medical necessity based upon functional classification, as follows: (a) A fluid or pneumatic knee may be considered medically necessary for patients demonstrating a functional Level 3 (has the ability or potential for ambulation with variable cadence, typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion), or above. (b) A single axis constant friction knee and other basic knee systems are considered medically necessary for patients demonstrating a functional Level 1 (has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence, typical of the limited and unlimited household ambulator), or above. (c) A high-activity knee control frame is considered medically necessary for patients whose function level is 4. (has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels, typical of the prosthetic demands of the child, active adult, or athlete), or above. In this case, the claimant has an above the knee amputation and has pain due to an improper fitting prosthesis. The claimant has good energy and ability to transfer and ambulate. The request for a new prosthesis was made by a physician. The request is appropriate and necessary.