

<b>Case Number:</b>	CM15-0213907		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	03/28/2003
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 60 year old individual, who sustained an industrial injury on 03-28-2003. The injured worker was diagnosed as having left below knee-amputation. On medical records dated 09-17-2015, the subjective complaints were noted as left below the knee amputation orthotic foot as being worn out and in the need of another one. Treatment to date included a three year old orthotic foot. The Utilization Review (UR) was dated 10-20-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for [REDACTED] ankle device was modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BIOM T2 ankle device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA, Lower Limb Prosthesis.

**Decision rationale:** The patient presents with below the left knee amputation. The current request is for [REDACTED] ankle device. The treating physician's report dated 09/17/2015 (19B) states; [REDACTED] comes in because his left [REDACTED] foot is worn out. He is in need of another one. He has not had one for three years. He also wants to discuss a power propulsion ankle prosthetic that he trialed. He felt better on uneven terrain and feels that this would help him with activities of daily living. Regardless, he needs a new carbon fiber prosthetic left foot prosthesis as his current one is chipped and broken at the heel and toe. The MTUS and ODG Guidelines do not address this request. However, [REDACTED] considers a prosthetic shoe medically necessary for a partial foot amputation when the prosthetic shoe is an integral part of a covered basic lower limb prosthetic device. [REDACTED] considers microprocessor-controlled ankle-foot prostheses (e.g., [REDACTED] experimental and investigational because there is inadequate evidence of their effectiveness. Given the lack of support from the [REDACTED] guidelines for [REDACTED]2, the current request is not medically necessary.