

Case Number:	CM15-0040539		
Date Assigned:	04/10/2015	Date of Injury:	11/26/1992
Decision Date:	05/19/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/03/2015

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

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:

The injured worker is a 60-year-old female who reported an injury on 11/26/1992. The mechanism of injury was unspecified. Her diagnoses include knee surgery and infection of the prosthesis. Her past treatments include surgery, wheelchair, occupational therapy, power chair, prosthetic, and medications. On 02/12/2015, the injured worker complained of left leg pain secondary to infection for total knee replacement, recent pneumonia, and COPD. The injured worker also reported muscle spasms occur on the left intermittently, and is noted to be utilizing a manual wheelchair for mobility at home. She also noted she used to have a power wheelchair. However, it does not fit and is not able to be used at this time. The injured worker also indicated the use of prosthesis for standing in the kitchen for food preparation, cooking, baking, and for household ambulation. Her medication list is noted to include gabapentin 600 mg, Naprosyn 500 mg, Klonopin 0.5 mg, Levemir 100 units, albuterol, aspirin 81 mg, magnesium oxide, metformin 1000 mg, mirabegron 25 mg, omeprazole 20 mg, and Sertraline 50 mg. Her pain score was indicated to be rated at 5/10, with her physical examination admission weight at 97 kg or 215 pounds. She was noted to be in no apparent distress, or tearful in discussions of status and concerns. Range of motion was noted to be okay in the left hip, knee, and ankle. It was noted the injured worker needed a 6 socket adjustment in order to utilize her prosthesis. Final assessment indicated the injured worker has an above the knee amputation. The treatment plan included a new prosthesis socket, ischial containment, flex liner, posterior window with strap for adjustability with socket suspension with gel liner and lanyard strap, outpatient prosthetic training, repair/replace manual wheelchair armrests and review wheelchair performance, power

chair fitting, and preprosthetic training. The rationale was indicated for fitting completion, benefits for preprosthetic training, and preparation of prosthetic phasing, and the replacement of her wheelchair armrests to ensure performance and components are working optimally. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

New prosthesis socket, ischial containment, flex liner, posterior window with strap for adjustability with socket suspension with gel liner and lanyard strap: 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) Treatment Index, 11th Edition (web), 2014, Knee & Leg/Protheses (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 and leg, Durable medical equipment (DME).

Decision rationale: According to the Official Disability Guidelines, DME must meet the following criteria to include: is able to withstand repeated use; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; & is appropriate for use in a patient's home. The injured worker was noted to have a prosthetic and has not been able to utilize the prosthetic due to incomplete fitting, and the need for significant socket adjustment. As the request does meet the ODG definition and serves a primary medical purpose as defined by the guidelines under durable medical equipment, the request is supported by the evidence based guidelines. As such, the request is medically necessary and appropriate at this time.

Outpatient prosthetic training: 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) Treatment Index, 11th Edition (web), 2014, Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.oandplibrary.org/alp/chap23-01.asp>.

Decision rationale: According to Eisert and Tester, antigravity exercises have been the most favored method of strengthening the residual limb. These dynamic exercises require little in the way of equipment. A towel roll and step stool are all that is required. They also offer benefits aside from strengthening, such as desensitization, bed mobility, and joint ROM. The exercises are relatively easy to learn and can be performed independently. The injured worker was noted to have had received home health therapies. However, the injured worker has not been back in her prosthesis since returning home. Furthermore, there was lack of documentation indicating

the injured worker was not able to perform the exercises independently. There was also lack of documentation for the medical necessity of outpatient prosthetic training, as afore mentioned exercises are relatively easy to learn and can be performed independently. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Repair/replace manual wheelchair armrests and review wheelchair performance: 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) Treatment Index, 11th Edition (web), 2013, Knee & Leg/Power mobility devices (PMDs).

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, Durable medical equipment (DME).

Decision rationale: According to the Official Disability Guidelines, DME must meet the following criteria to include: is able to withstand repeated use; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; & is appropriate for use in a patient's home. The injured worker was noted to have a manual wheelchair being utilized at home. However, there was a lack of documentation in regard to the cost for repair over replacement. Although the wheelchair armrests would be indicated and would meet DME definition, due to lack of documentation of repair costs and replacement costs for consideration, the request is not supported. As such, the request is not medically necessary or appropriate at this time.

Powerchair fitting: 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) Treatment Index, 11th Edition (web), 2013, Knee & Leg, Power Mobility Devices.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: According to the California MTUS Guidelines, PMDs are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. If there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The injured worker was noted to be utilizing a manual wheelchair at home and is also noted to have a prosthetic. There was lack of documentation indicating the medical necessity for a power chair fitting, or the use of a power wheelchair over a manual. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Preprosthetic training: 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) Treatment Index, 11th Edition (web), 2014, Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.oandplibrary.org/alp/chap23-01.asp>.

Decision rationale: According to Eisert and Tester, the primary skills of preprosthetic training help build the foundation necessary for successful prosthetic ambulation. The degree of success the amputee experiences with ambulation may directly influence how much the prosthesis will be used and how active a life-style is chosen. Therefore, the primary goal of the rehabilitation team should be to make this transitional period as smooth and successful as possible. The injured worker was noted have received home health therapies. However, has not been utilizing her prosthesis since returning home. There was a lack of documentation indicating the medical necessity for preprosthetic training, as she has already received her prosthesis. Furthermore, there was lack of documentation indicating the medical necessity for preprosthetic training, as the patient should be able to utilize and perform strengthening, desensitization, bed mobility, and range of motion independently. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary at this time.