

Case Number:	CM15-0044643		
Date Assigned:	03/16/2015	Date of Injury:	10/12/2000
Decision Date:	04/22/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 50 a year old male, who sustained an industrial injury on 10/12/2000. On provider visit dated 01/06/2015 the injured worker has reported chronic left leg pain. On examination he was noted that left leg ACL and MCL appear somewhat loose. The diagnoses have left below the knee amputation, multiple surgeries to his left lower extremity and left leg phantom limb pain. Treatment to date has included medication, prosthesis and orthopedic sleeve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Prosthetic Liner: 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, prostheses.

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

Decision rationale: This patient receives treatment for injuries that occur while at work on 10/12/2000. The patient has chronic neck pain, low back pain, and phantom leg pain. The patient

has become opioid dependent. This review covers a request for a new liner for the left knee prosthesis. The documentation does not clearly address any justification for a new liner. Based on the documentation, the liner for the knee prosthesis is not medically necessary.