

Case Number:	CM15-0056131		
Date Assigned:	04/01/2015	Date of Injury:	04/13/1984
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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: Texas, New York, California
 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 applicant is a represented 52-year-old who has filed a claim for chronic leg pain reportedly associated with an industrial amputation injury of April 13, 1985. In a Utilization Review report dated March 17, 2015, the claims administrator denied a below-the-leg knee prosthesis. A progress note of March 4, 2015 and a prescription form of March 13, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In an order form dated March 13, 2015, the attending provider and/or prosthetist stated that the applicant's prognosis was good following introduction of a new prosthesis. It was stated that the prosthesis could facilitate the applicant's moving about in a more facile manner. In a March 4, 2015 letter, the applicant was described as having ongoing issues with a failed indwelling knee prosthesis. It was stated that the applicant was having difficulty ambulating owing to an ill-fitting prosthesis. The skin overlying the applicant's stump was excoriated owing to the ill-fitting prosthesis. The request for a replacement prosthesis was reiterated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosthetic leg - new and backup: 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), Knee and Leg procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee Protheses (artificial limb).

Decision rationale: Yes, the request for a prosthetic leg was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of protheses. However, ODG's Knee and Leg Chapter Protheses topic states that prosthetic limbs may be considered medically necessary when an applicant is motivated to ambulate and/or will reach or maintain a defined functional state within a reasonable period of time. Here, the attending provider has posited that the applicant is well-motivated to ambulate, drive, and perform other activities of daily living. The applicant's current prothesis is ill-fitting, malformed, and chafing and excoriating the applicant's skin. Furnishing a replacement prothesis, thus, was indicated. Therefore, the request was medically necessary.