

<b>Case Number:</b>	CM15-0060479		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	06/15/2006
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: New Jersey, New York

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 44-year-old male, who sustained an industrial injury on 06/15/2006. Currently, the injured worker complains of right leg pain. Assessment included myoligamentous lumbar spine sprain/strain, lumber spondylosis per plan film radiographs, above the knee amputation right lower extremity and complaints of left knee pain. Treatment plan included a weight loss program, re-evaluation with an amputation specialist for the right lower extremity, Ultram and hot and cold modalities. The provider noted the injured worker required a life plan for prosthetics and supplies to ensure his ability to ambulate and should include a second prosthetic which would allow time to ambulate continuously despite mechanical failure of one device. Currently under review is the request for custom fab existing mold or prefab sock, seal set up for line, prosthetic sock multiple ply above knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom fab existing mold or prefab sock, seal set up for line, prosthetic sock multiple ply above knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in

Workers' Compensation (ODG-TWC) Knee and Leg Procedure Summary online version last updated 02/27/2015.

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

**Decision rationale:** The request is considered medically necessary. MTUS does not address the use of leg prosthesis, therefore ODG guidelines were used. As per the chart, the patient had an ill-fitting prosthesis that contributed to his antalgic gait. This made it difficult for him to be active and contributed to weight gain. The patient appears motivated to increase activity level. Therefore, the request is considered medically necessary.