

<b>Case Number:</b>	CM15-0083501		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	07/20/2000
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 42 year old male sustained an industrial injury on 7/20/2000. He subsequently reported an electrocution burn injury requiring a right below the knee amputation. Diagnoses include sprain/strain cervical spine, impingement syndrome right shoulder and below knee amputation of the right leg. The injured worker continues to experience neck, right shoulder and right leg/stump pain. Upon examination, the JAMAR grip dynamometer strength readings revealed 38/48/52 kg on the right and 50/48/50 kg on the left, the injured worker walks with an obvious antalgic gait and the prosthesis has audible click and noise at the ankle/foot pivot; the sole of the foot has worn through. A request for Prosthetic review: Replacement of BK prosthesis for right lower extremity was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prosthetic review: Replacement of BK prosthesis for right lower extremity:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee and leg, Topic: Prostheses.

**Decision rationale:** ODG guidelines consider a lower limb prosthesis medically necessary when the patient will reach or maintain a defined functional state within a reasonable period of time, the patient is motivated to ambulate, and the prosthesis is furnished incident to a physician's services or on a physician's order. The injured worker already has a prosthesis, which is 4 years old. There is some clicking in the foot and the sole is worn. Utilization review has certified a visit to the prosthetist to evaluate the prosthesis for necessary repairs. There is no documentation submitted from the prosthetist as to whether the repairs can be performed. As such, the medical necessity of a new prosthesis has not been established. Furthermore, the type of prosthesis requested has not been specified. Therefore, based on the information submitted or lack thereof, the medical necessity of the request has not been substantiated and is not medically necessary.