

<b>Case Number:</b>	CM15-0083505		
<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>	04/21/2015
<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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 42 year old male who sustained an industrial injury on 07/20/2000. Current diagnoses include strain/sprain of cervical spine, impingement syndrome of the right shoulder, below the knee amputation-right leg, psychological injuries, urethral injuries, status post electrocution, and psoriasis. Previous treatments included medication management and right below the knee amputation. Report dated 04/06/2015 noted that the injured worker presented with complaints that included neck, right shoulder, and right leg/stump pain. it was noted that the injured worker is currently working. Medication regimen includes Norco for pain, Zanaflex for muscle spasms, Naproxen, and Prilosec. Pain level was 0-3 out of 10 on the visual analog scale (VAS) with medications. Physical examination was positive for an obvious antalgic gait, and grip strengths were recorded. There were no complaints of gastrointestinal distress with use of medications. The treatment plan included prescription for replacement of BK prosthesis right lower extremity, prescription for gel liner, prescriptions for Norco, Zanaflex, Prilosec, and Naproxen, request for urine drug screen, and follow up in 3-6 months. Disputed treatments include five ply stump socks times 6 for current prosthesis and possible replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Five Play Stump Socks, quantity 6 for current prosthesis and possible replacement: Upheld**

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

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

**Decision rationale:** ODG states "Recommended as indicated below. A prosthesis is a fabricated substitute for a missing body part. Lower limb prostheses may include a number of components, such as prosthetic feet, ankles, knees, endoskeletal knee-shin systems, socket insertions and suspensions, lower limb-hip prostheses, limb-ankle prostheses, etc. See also Microprocessor-controlled knee prostheses. Criteria for the use of prostheses: A lower limb prosthesis may be considered medically necessary when: 1. The patient will reach or maintain a defined functional state within a reasonable period of time; 2. The patient is motivated to ambulate; and 3. The prosthesis is furnished incident to a physician's services or on a physician's order. Prosthetic knees are considered for medical necessity based upon functional classification, as follows: (a) A fluid or pneumatic knee may be considered medically necessary for patients demonstrating a functional Level 3 (has the ability or potential for ambulation with variable cadence, typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion), or above. (b) A single axis constant friction knee and other basic knee systems are considered medically necessary for patients demonstrating a functional Level 1 (has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence, typical of the limited and unlimited household ambulator), or above. (c) A high-activity knee control frame is considered medically necessary for patients whose function level is 4. (has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels, typical of the prosthetic demands of the child, active adult, or athlete), or above. (d) Microprocessor-controlled leg prostheses (e.g., Otto Bock C-Leg, Intelligent Prosthesis, and Ossur Rheo Knee) are considered medically necessary in otherwise healthy, active community ambulating adults (18 years of age or older) demonstrating a functional Level 3, or above, with a knee disarticulation amputation or a trans-femoral amputation from a non-vascular cause (usually trauma or tumor) for whom this prosthesis can be fitted and programmed by a qualified prosthetist trained to do so. (Sansam, 2009)." The medical documentation provided does not indicate this patient has been examined by a qualified prosthetist to determine the necessity for a new prostheses. As such, the request for Five Play Stump Socks, quantity 6 for current prosthesis and possible replacement is not medically necessary.