

Case Number:	CM15-0087212		
Date Assigned:	05/11/2015	Date of Injury:	11/08/1999
Decision Date:	06/16/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/06/2015

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, Indiana, Oregon
 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:

The injured worker is a(n) 65 year old male, who sustained an industrial injury on 11/8/99. He reported pain in his lower back and legs. The injured worker was diagnosed as having lumbago, ulcer of the heel and mid-foot and pain in the foot and ankle joint pain. Treatment to date has included OxyContin and Voltaren gel. The PR2 dated 12/15/14, indicates that the injured worker has a history of MRSA infection and has a three centimeter in diameter wound on each foot. As of the PR2 dated 3/26/15, the injured worker reports pain in his left leg and foot. He rates his pain a 9/10. The injured worker has been recommended for amputation of the left leg by a consulting physician. The treating physician requested an amputation of the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amputation of leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Quon et. al. "Qualitative Study of Factors Influencing the Decision to Have an Elective Amputation" JBJS 2011; 93:2087-92.

Decision rationale: CAMTUS/ACOEM and ODG are silent on elective amputation. Quon et. al. "Qualitative Study of Factors Influencing the Decision to Have an Elective Amputation" JBJS 2011; 93:2087-92 is referenced. In the study patient who had maximal information prior to making the decision to amputate had the best functional outcomes and satisfaction. Most patients had multiple consultations with different physicians. In this case there is inadequate evidence of multidisciplinary consultation prior to amputation (orthopaedics, prothetist, psychiatry etc.) to indicate comprehensive preoperative counseling. Based on this the request is not medically necessary.