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| Case Number: | CM15-0242743 | | |
| Date Assigned: | 12/22/2015 | Date of Injury: | 08/05/2008 |
| Decision Date: | 01/29/2016 | UR Denial Date: | 11/16/2015 |
| Priority: | Standard | Application Received: | 12/14/2015 |

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

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 37 year old male with an industrial injury dated 08-05-2008. A review of the medical records indicates that the injured worker is undergoing treatment for status post below the knee amputation of the right lower extremity, prosthesis right leg malfunction, volume changes in the stump of right lower extremity, left knee meniscus tear, left knee internal derangement, left leg gastro strain tear, lower back pain secondary to antalgic gait, left ankle and foot tendinitis secondary to altered gait, and cardiac condition. According to the progress note dated 11-03-2015, the injured worker reported undergoing heart surgery recently and that he continues to have cardiac symptoms. The injured worker has been told that he is indicative for revision heart surgery. The injured worker also reported marked limitation with his current prosthesis. The injured worker continues to have pain in the left knee and left leg and difficulty with activities secondary to the insufficiency of the prosthesis. The injured worker also has a documented meniscus tear on the left knee. Review of systems and past medical history were noted as unchanged. Objective findings (11-03-2015) revealed antalgic gait and right below the knee amputation. Left knee exam revealed positive tenderness over the medial gastroc, positive crepitus, and positive medial joint line tenderness. Right knee exam revealed insufficient foot portion of the prosthesis and discrepancy with the stump to socket. Treatment has included cardiac ultrasound report on 6-23-2015, prosthesis, prescribed medications and periodic follow up visits. The injured worker's work status is prophylactic restrictions of limited use of the lower extremities. The treatment plan included left knee arthroscopy, new prosthesis for the right leg, complete cardiac evaluation and treatment and follow up visit in one month for re-evaluation.

The utilization review dated 11-16-2015, non-certified the request for new sports prosthetic right leg and complete cardiac evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

New Sports prosthetic right leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter (online version) Prostheses (artificial limb)

http://www.medicarenhic.com/dme/medical_review/mr_lcds/mr_Icd_current/L14464_2013-01-01_PA_2013-01.pdfwww.google.com/patents/USA_4650491_A.

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

Decision rationale: The MTUS is silent regarding prostheses. The ODG, however, states that they are recommended if criteria are met. 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. In the case of this worker, there is history of right leg amputation and recent reported discrepancy with the stump to socket and a reported dysfunctional current prosthesis at the foot area. A new sports prosthesis running leg was recommended. In the case of this worker, there was some information to suggest the current prosthesis for the right leg needed repair. It was not clear if repair was not possible to justify replacement. Also, it was not clear as to why a "sports" prosthetic was needed over other types.

Although the worker appeared to be active at work, more details regarding the future use of this replacement prosthetic is needed in order to justify a Sports version. Therefore, as requested, this prosthetic replacement (sports) will be considered medically unnecessary until clarified.

Complete cardiac evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, p. 127.

Decision rationale: The ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, there was no found connection with heart problems related to the injury. Regardless, it appears that a revision heart surgery was needed and referral back to the cardiologist was needed, which is reasonable. However, requesting treatment without being specific is not recommended, especially until the cardiologist sees the worker first. Therefore, this request as written will be considered medically unnecessary.