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| <b>Case Number:</b>   | CM14-0126156 |                              |            |
| <b>Date Assigned:</b> | 08/15/2014   | <b>Date of Injury:</b>       | 10/12/2000 |
| <b>Decision Date:</b> | 09/26/2014   | <b>UR Denial Date:</b>       | 07/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/08/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49-year-old male with a date of injury of 10/12/2000. The listed diagnoses per [REDACTED] are: 1. Facet arthropathy, lumbar. 2. Edema of CTL, spine facet joint. 3. Below-knee amputation, 2010. According to progress report 04/10/2014, the patient presents with low back pain, bilateral elbow pain, and left leg pain. Examination of the lumbar spine revealed decreased range of motion and moderate tight band, spasm, and hypertonicity and tenderness along the bilateral lumbar spine. The patient has a prosthesis from a below the knee-amputation. The provider is recommending suspension sleeves and liners for the left lower extremity prosthesis, quantity 2. Utilization review denied the request on 07/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2 Suspension sleeves and liners for the left lower extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 11,13 and 49. Decision based on Non-MTUS Citation ODG- Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cornell Orthotics & Prosthetics at [www.corneloandp.com](http://www.corneloandp.com) states, suspension sleeves

are "effective in "suspending" or holding the prosthesis in place." The sleeve works to "grab" to the thigh and top of the prosthesis. It further states, "All sleeves have a limited life span and will eventually wear out or tear, requiring replacement."

**Decision rationale:** The patient is status post below-the-knee amputation from 2000 and recently "had changes made to his prosthesis, which seemed to be helpful." The provider is requesting 2 suspension sleeves and liners for the left lower extremity prosthesis. Utilization review denied the request stating there is "no indicated rationale for new suspension sleeve or why one would not be sufficient." ODG provides a discussion for prosthesis, but does not discuss suspension sleeves and liners. Cornell Orthotics & Prosthetics at [www.corneloandp.com](http://www.corneloandp.com) states, suspension sleeves are "effective in "suspending" or holding the prosthesis in place." The sleeve works to "grab" to the thigh and top of the prosthesis. It further states, "All sleeves have a limited life span and will eventually wear out or tear, requiring replacement." In this case, a replacement sleeve for patient's prosthesis is reasonable and recommendation is for approval.