

<b>Case Number:</b>	CM14-0182601		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Family Medicine 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 29 year-old man who was injured at work on 10/20/2008. The injury was primarily to his legs/knees and low back. He is status post an above the knee amputation and is requesting review of denial for the following: Endoskeletal Knee-Shin System, Single Axis, Hydraulic Swing Phase Control with Miniature High Activity Frame; Additional Endoskeletal A/K Disarticulation Manual Lock; and an All LE Prostheses, Flex Foot System. Medical records corroborate ongoing care for his injuries. These records include his Primary Treating Physician's Progress Reports. The chronic diagnoses for this patient include: Right above the Knee Amputation; Left Knee Tenderness; and Mechanical Back Pain. At his evaluation on 10/2/2014 he indicated that he wanted to "get [a] running leg." Medical records corroborate ongoing care for his injuries. These records include his Primary Treating Physician's Progress Reports. The chronic diagnoses for this patient include: Right Above the Knee Amputation; Left Knee Tenderness; and Mechanical Back Pain. At his evaluation on 10/2/2014 he indicated that he wanted to "get [a] running leg."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endoskeletal knee-shin system, single axis, hydraulic swing phase control with miniature high activity frame:** Upheld

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

**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/Acute and Chronic, Prostheses (artificial limb) and Microprocessor-Controlled Knee Prostheses.

**Decision rationale:** The Official Disability Guidelines (ODG) comment on the use of lower limb prostheses and may be considered 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. 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 ambulatory 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 ambulatory), 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 prosthetics trained to do so. The ODG criteria for a microprocessor-controlled leg prosthesis are as follows: Microprocessor-controlled leg prostheses are considered medically necessary in otherwise healthy, active community ambulating adults (18 years of age or older) demonstrating a functional Level 3 (has the ability or potential for ambulation with variable cadence, typical of the community ambulatory 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. In addition, the patient should have a knee disarticulation amputation or a trans-femoral amputation from a non-vascular cause (usually trauma or tumor). There are over 100 different prosthetic knee designs currently available. The choice of the most appropriate design depends on the patient's underlying activity level. Microprocessor-controlled prosthetic knees are equipped with a sensor that detects when the knee is in full extension and adjusts the swing phase automatically, permitting a more natural walking pattern of varying speeds. In this case, there is insufficient information provided in the medical records to determine whether the Endoskeletal Knee-Shin System, Single Axis, Hydraulic Swing Phase Control with Miniature High Activity Frame, is medically necessary. Specifically, there is insufficient documentation to determine whether this device will help the patient reach or maintain a defined functional state within a reasonable period of time. There is insufficient information regarding the patient's functional level. Finally, there is insufficient information regarding the patient's underlying activity level.

**Additional endoskeletal A/K disarticulation manual lock:** Upheld

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

**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/Acute and Chronic, Prostheses (artificial limb) and Microprocessor-Controlled Knee Prostheses

**Decision rationale:** The ODG criteria for a microprocessor-controlled leg prosthesis are as follows: 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 (has the ability or potential for ambulation with variable cadence, typical of the community ambulatory 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. In addition, the patient should have 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 prosthetics trained to do so. There are over 100 different prosthetic knee designs currently available. The choice of the most appropriate design depends on the patient's underlying activity level. Microprocessor-controlled prosthetic knees are equipped with a sensor that detects when the knee is in full extension and adjusts the swing phase automatically, permitting a more natural walking pattern of varying speeds. In this case, there is insufficient information provided in the medical records to determine whether the additional Endoskeletal A/K Disarticulation Manual Lock, is medically necessary. Specifically, there is insufficient documentation to determine whether this device will help the patient reach or maintain a defined functional state within a reasonable period of time. There is insufficient information regarding the patient's functional level. Finally, there is insufficient information regarding the patient's underlying activity level.

**All LE prostheses, flex foot system:** Upheld

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

**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/Acute and Chronic, Prostheses (artificial limb) and Microprocessor-Controlled Knee Prostheses.

**Decision rationale:** The ODG criteria for a microprocessor-controlled leg prosthesis are as follows: 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 (has

the ability or potential for ambulation with variable cadence, typical of the community ambulatory 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. In addition, the patient should have 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 prosthetics trained to do so. There are over 100 different prosthetic knee designs currently available. The choice of the most appropriate design depends on the patient's underlying activity level. Microprocessor-controlled prosthetic knees are equipped with a sensor that detects when the knee is in full extension and adjusts the swing phase automatically, permitting a more natural walking pattern of varying speeds. In this case, there is insufficient information provided in the medical records to determine whether the All LE Prostheses, Flex Foot System, is medically necessary. Specifically, there is insufficient documentation to determine whether this device will help the patient reach or maintain a defined functional state within a reasonable period of time. There is insufficient information regarding the patient's functional level. Finally, there is insufficient information regarding the patient's underlying activity level.