

Case Number:	CM14-0208271		
Date Assigned:	12/19/2014	Date of Injury:	07/31/1980
Decision Date:	05/26/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male who got injured on 7/31/2008. The mechanism of injury is not described in the medical records that are available to me. The injured worker is being managed for traumatic amputation of the right foot. Unfortunately the medical records which include history and physical exam are not available in the documents that are made available to me, all I have is the request for authorization. The request is for right lower extremity prosthesis, shank foot system with vertical loading pylon Qty:1.00: and multi-axial rotation unit Qty:1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lower extremity prosthesis, shank foot system with vertical loading pylon:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386, 362.

Decision rationale: Per MTUS, thorough medical and work histories and a focused physical examination are sufficient for the initial assessment of a patient complaining of potentially work related foot or ankle symptoms. The injured worker's accident at the cement factory resulting in the traumatic amputation is sufficient history. His provider's observation the prosthesis is worn out is sufficient evidence. Therefore based on the guidelines the request for right lower extremity prosthesis, shank foot system with vertical loading pylon is medically necessary and appropriate.

Right extremity prostheses, multi-axial rotation unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386, 362.

Decision rationale: Per MTUS, thorough medical and work histories and a focused physical examination are sufficient for the initial assessment of a patient complaining of potentially work related foot or ankle symptoms. Unfortunately the request for authorization is not accompanied by any history or physical exam and based on the guidelines the request for right lower extremity prosthesis multi-axial rotation unit is not medically necessary at this time.