

Case Number:	CM14-0218495		
Date Assigned:	01/08/2015	Date of Injury:	03/09/2008
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 47 year old female with an industrial injury dated March 9, 2008. The injured worker diagnoses included left above the knee amputation, right lateral tibial plateau fracture status post open reduction and internal fixation, right knee sprain, right lower extremity degloving injury, status post muscle graft of her lower abdomen, and right ankle sprain. She has been treated with radiographic imaging, diagnostic studies, prescribed medications, myofascial therapy, consultation, and periodic follow up visits. According to the progress note dated 6/16/2014, physical exam revealed no acute distress, gait was less antalgic with cane and the injured worker was wearing her prosthesis. Documentation noted that the injured worker continues to have trigger points over the neck, posterior shoulder and low back. The treating physician noted that the right lower extremity was covered with a compression stocking and it continued to feel scarred and firm. The treating physician prescribed services for retrospective prosthetic liners x 4, DOS: 7/1/14, 8/7/14. Utilization Review determination on December 18, 2014 denied the request for retrospective prosthetic liners x 4, DOS: 7/1/14, 8/7/14, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prosthetic liners x 4, DOS: 7/1/14, 8/7/14: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ottobockus.com/prosthetics/info-for-new-amputees/prosthetics-101/how-liners-work/>

Decision rationale: Pursuant to the Official Disability Guidelines and peer review evidence-based guidelines, prosthetic liners times #4, date of service July 1, 2014 and August 7, 2014 are not medically necessary. A prosthesis is a fabricated substitute for a missing body part. Lower limb prostheses may include a number of compliments such as prosthetic feet, ankles, knees, endoskeleton knee shin systems, socket insertions and suspensions. Liners play an important role in the comfort and help for prosthetic leg users. The liner is a protective cover made of flexible, cushioning material. It is worn over the residual limb; and reduces movement and chafing between the skin and the socket. Liners are designed with specific characteristics to work with different suspension systems. In this case, the injured worker's working diagnoses are left above knee amputation; right lateral tibial plateau fracture, status post ORIF; RLE degloving injury, s/p muscle graft of her lower abdomen; right ankle sprain; post traumatic stress syndrome; dental hypersensitivity and HTN. Subjectively, the injured worker has chronic musculoskeletal pain primarily in the neck, low back and buttocks. She complains of pain and tightness in the right lower extremity from her to degloving injury. Objectively, the injured worker wears a prosthesis. She has triggered points over the neck, posterior shoulders and low back. The right lower extremity is covered for the compression stocking and continues to feel scarred and firm. The treating physician did not provide any clinical rationale as to why the injured worker needs new or additional prosthetic liners. There is no documentation in the record as to the frequency and duration prosthetic liners last. Consequently, absent clinical documentation to support the need for prosthetic liners, prosthetic liners times #4, and more date of service July 1, 2014 and August 7, 2014 are not medically necessary.