

<b>Case Number:</b>	CM15-0174693		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 30-year-old male, who sustained an industrial injury on 2-11-14. The injured worker was diagnosed as having status post right leg amputation above the knee. Treatment to date has included physical therapy and a home exercise program. On 7-15-15, the treating physician noted "activities of daily living limited due to the injury, playing sports, vacuuming, and playing with his children." On 7-15-15, the injured worker complained of right leg pain rated as 6 of 10. The treating physician requested authorization for a right above the knee prosthesis. On 8-12-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right above knee prosthesis:** 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 (updated 07/10/15) - online version, Prostheses (artificial limb).

**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-Prostheses (artificial limb).

**Decision rationale:** Right above knee prosthesis is not medically necessary per the ODG Guidelines. The MTUS does not address this request. The ODG states that prosthetic knees are considered for medical necessity based upon functional classification. The documentation is not clear on why a new prosthetic is required. The request does not specify details on what type of prosthesis is being requested or the functional ambulatory level of this patient therefore this request cannot be certified as medically necessary.