

<b>Case Number:</b>	CM15-0178801		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	03/25/1999
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Texas, Illinois

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 64 year old male, who sustained an industrial-work injury on 3-25-99. He reported initial complaints of diabetic ulcers. The injured worker was diagnosed as having diabetes, ulcer to right foot (January 2015), left below the knee amputation in 2004. Treatment to date has included medication, surgery, orthopedic and prosthetic consultations. Currently, the injured worker complains of ulcer to the right foot heel. A prosthetic is used for the left lower extremity with issues of fit due to significant weight loss (70 pounds). There is anterior tibial pressure. He uses a wheelchair for ambulation inside and outside the home. He is at functional level 3 (has ability for ambulation with variable cadence). Per the primary physician's progress report (PR-2) on 8-20-15, treatment for ulcer of the right heel was done with undergone amputation involving the right foot. He has admitted to not exercising. Current plan of care includes new prosthesis due to fitment issues. The Request for Authorization requested service to include Below the knee prosthesis, molded socket w/test socket, acrylic socket, total contact, suction socket, vertical sock reducing pylon feature, multiaxial ankle 2/swing phase active dosiflexion, flexwalk system or equal, suspension/sealing sleeve, vacuum pump, residual limb volume management and moisture evacuation system, custom fab from existing mold or prefab socket insert Silicone gel, Elastomeric or equal, prosthetic sheath, single and multiple ply prosthetic sock, endoskeletal alignable systems, ultralight weight materials, flexible protective outer surface covering. The Utilization Review on 9-3-15 denied the request for the below the knee prosthesis since adjustment can be made and there is evidence of lack of mobility and exercise for need for a new prosthesis, per Official Disability Guidelines (ODG), Knee and Leg

Chapter - Prostheses (artificial limb); ODG, Ankle & Foot Chapter - Ankle prostheses (total ankle replacement); Blue Cross/Blue Shield Medical Policy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Below the knee prosthesis, molded socket w/test socket, acrylic socket, total contact, suction socket, vertical sock reducing pylon feature, multiaxial ankle 2/swing phase active dosiflexion, flexwalk system or equal, suspension/sealing sleeve, vacuum pump, residual limb volume mgnt and moisture eva:** 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), Knee and Leg Chapter - Prostheses (artificial limb); ODG, Ankle & Foot Chapter - Ankle prostheses (total ankle replacement); Blue Cross/Blue Shield Medical Policy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Prostheses (artificial limb).

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Below the knee prosthesis, molded socket w/test socket, acrylic socket, total contact, suction socket, vertical sock reducing pylon feature, multiaxial ankle 2/swing phase active dosiflexion, flexwalk system or equal, suspension/sealing sleeve, vacuum pump, residual limb volume mgnt and moisture evac system, cust fab from existing mold or prefab socket insert Silicone gel, Elastomeric or equal, prosthetic sheath, single and multiple ply prosthetic sock, endoskeletal alignable systems, ultralightweight materials, flexible protective outer surface covering. The MTUS is silent on prosthesis or artificial limb, but the Official Disability Guidelines' criteria for the use of prosthesis are as follows: 1. The patient will reach or maintain a defined functional state within a reasonable period of time; 2. The patient is motivated to ambulate; and 3. 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 ambulator 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 ambulator), 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 prosthetist trained to do so. Based on the above classifications it appears the requested prosthesis is the fluid or pneumatic prosthesis which is the type used by typical the community ambulator who has the ability to traverse most environmental barriers. The medical records indicate the injured worker is not motivated as the worker has been using wheelchair inside and outside the house, and has not been exercising. Additionally, this type if prosthetic device is recommended for an individual that is relatively active ( typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion).