
Notice of Independent Medical Review Determination

Dated: 8/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	6/15/2006
IMR Application Received:	7/15/2013
MAXIMUS Case Number:	CM13-0001403

- 1) MAXIMUS Federal Services, Inc. has determined the request for durable medical equipment (a sock and seal in suspension system) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/17/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for durable medical equipment (a sock and seal in suspension system) **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013.

Requested Treatment:

DME-Sock and Seal in Suspension System
Non-Certified

Principal reasons for Non-Certification:

COMMUNICATION:

Contact Not Achieved

7/1/13 at 1:25PM PT; [REDACTED] with Dr. [REDACTED] office, called [REDACTED] with the intent to conference the Doctors together for a peer to peer. I spoke to [REDACTED] who stated the requesting physician was not available. I left a message with reason for call and call back information.

DIAGNOSIS/BODY PART:

847.2 Lumbar sprain and strain

84.15 Other amputation below knee

897.0 Traumatic amputation of leg(s) (complete) (partial), unilateral, below knee, without mention of complication

Leg, Lower Unspecified Side

MEDICAL RECORDS:

04/11/13 - Prescription Form

04/19/13 - Work Compensation Approval/Request

REQUEST: DME-Sock and Seal in Suspension System

DETERMINATION: NON-CERTIFIED

RATIONALE FOR DETERMINATION:

The billing statements reflect there was an above the knee amputation. However, there is no clinical information whatsoever presented to support the need for this device. Based on this lack of clinical information, there is no clinical indication noted for this durable medical equipment. A comprehensive progress note, clinical examination and discussion as to why such a device is warranted would be needed.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 7/2/13)
- Physician Note by Dr. [REDACTED] (dated 8/2/13)
- Medical Records by [REDACTED] (dated 4/11/13 to 5/30/13)
- Official Disability Guidelines (ODG) – Knee & Leg Chapter, Prostheses section

1) Regarding the request for durable medical equipment (a sock and seal in suspension system):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Knee & Leg Chapter, Prostheses section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 6/15/2006 and has a right leg amputation. Medical records submitted and reviewed indicate the employee has received a prosthetic appliance. A request was submitted for durable medical equipment (a sock and seal in suspension system).

The ODG indicates prostheses are considered medically necessary (1) when 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 order. A clinical note dated 08/02/2013 indicates the employee has developed an ulcer area to the lateral aspect of his right stump. The note indicates the employee presents with hypertrophic skin with exposed skin in the center, and recommends alteration of the employee's prosthesis due to the ulcer. The medical records submitted and reviewed do not indicate whether the employee's ulcer is due to ill-fitting application of the prosthetic, or other maladjustments. Also, the records do not indicate when the employee last had sock and seal replacement for his prosthetic appliance. The documentation submitted does not support the request. The request for durable medical equipment (a sock and seal in suspension system) is not medically necessary or appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.