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| <b>Case Number:</b>   | CM13-0048406 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 09/03/2008 |
| <b>Decision Date:</b> | 03/13/2014   | <b>UR Denial Date:</b>       | 10/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/05/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 40 year old injured September 23, 2008. The claimant's current diagnosis is status post bilateral below elbow amputations. This was a high voltage electric shock injury. The claimant has required amputation as well as extensive skin grafting procedure as well as revision procedure to his amputation due to tissue. The recent clinical assessment August 29, 2013 by the treating physician [REDACTED] indicated the claimant was awaiting fabrication of a swim prosthetic stating he needs additional active prosthetic modifiers due to daily wear. He describes moderate degradation secondary to wear and tear of active prosthetic principally to his previously placed titanium hooks and liners. The examination shows moderate psoriatic changes to the lower extremities but no substantial change in examination noted. The claimant's current diagnosis is status post below elbow amputations with history of contour deformity to the bilateral arms with need for replacement parts as stated above.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Below/Above Elbow lock mech:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, Hand Procedure, Prosthesis.

**Decision rationale:** The California MTUS Guidelines are silent. When looking at the Official Disability Guidelines criteria the role of the proposed intervention would appear medically necessary. The claimant has a long history of injury to the upper extremities from an electrocution injury including lateral below elbow amputations. The recent assessment by [REDACTED] indicated the claimant was with significant wear to prior prosthetics. The above devices are necessary given the wear of the prosthetic from daily use, his young age and continued active lifestyle.

**Swim prosthetics with terminal attachments to be fabricated:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, Hand Procedure, Prosthesis.

**Decision rationale:** The California MTUS Guidelines are silent. When looking at the Official Disability Guidelines criteria the role of the proposed intervention would appear medically necessary. The claimant is with a long history of injury to the upper extremities from an electrocution injury including lateral below elbow amputations. The recent assessment by [REDACTED] indicated the claimant was with significant wear to prior prosthetics. The above devices are necessary given the wear of the prosthetic from daily use, his young age and continued active lifestyle.

**Replacement titanium hooks and prosthetic liners x 2 to be obtained for current daily prosthetics:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, Hand Procedure, Prosthesis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, Hand Procedure, Prosthesis.

**Decision rationale:** The California MTUS Guidelines are silent. When looking at the Official Disability Guidelines criteria the role of the proposed intervention would appear medically necessary. The claimant has a long history of injury to the upper extremities from an electrocution injury including lateral below elbow amputations. The recent assessment by [REDACTED] indicated the claimant was with significant wear to prior prosthetics. The above devices

are necessary given the wear of the prosthetic from daily use, his young age and continued active lifestyle.