

<b>Case Number:</b>	CM13-0055487		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/24/1994
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Hand Surgery and is licensed to practice in Texas. 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 patient is a 48-year-old female who reported an injury on 10/24/1994, after the patient's arm got struck in a machine, resulting in a traumatic amputation. The patient's treatment history included extensive occupational therapy and a prosthesis. A request was made for myoelectric arm transplants, a follow-up consultation, and physical therapy for the neck and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myoelectric arm transplant (UCLA hand transplant program):** 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), Forearm, Wrist, & Hand.

**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 and Hand Chapter, Hand transplantation and Myoelectric upper extremity (hand and/or arm) prosthesis.

**Decision rationale:** The requested myoelectric arm transplant (UCLA hand transplant program) is not medically necessary or appropriate. Official Disability Guidelines recommend hand transplantation be carried out by surgical teams experienced in transplantation. The clinical

documentation does not provide evidence that the patient has been adequately assessed by a surgical team at the UCLA hand transplant center. Additionally, the Official Disability Guidelines recommend a psychological assessment to establish the appropriateness and likelihood of a positive outcome for the patient to participate in postoperative rehabilitation and be compliant with immunosuppressive medications. The clinical documentation submitted for review does not provide evidence that the patient has undergone a psychological assessment. Additionally, the clinical documentation does indicate that the patient has a right hand prosthesis. However, there is no indication that the patient needs a replacement prosthesis. As such, the requested myoelectric arm transplant (UCLA hand transplant program) is not medically necessary or appropriate.

**Follow-up consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), pg. 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Office Visits.

**Decision rationale:** The requested follow-up consultation is not medically necessary or appropriate. Official Disability Guidelines do recommend the evaluation and management of a patient with a chronic condition. However, the request as it is written does not clearly identify the goal of the follow-up consultation. Additionally, the request does not specifically identify who the consultation would be with. Therefore, the appropriateness of the consultation cannot be identified. As such, the requested follow-up consultation is not medically necessary or appropriate.

**Physical therapy for the neck and low back 2X6:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** The requested physical therapy for the neck and low back 2x6 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 10 visits of physical therapy for patients who have deficits of range of motion, weakness and pain complaints. The patient's most recent clinical evaluation documented that the patient had pain of the cervical and lumbar regions. The requested 12 visits exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy for the neck and low back is not medically necessary or appropriate.