

<b>Case Number:</b>	CM13-0062359		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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 51-year-old male with a date of injury of 06/04/2013. The listed diagnoses per [REDACTED] are: 3% TBSA full-thickness burn injury, left hand amputation, phantom pain, and left bundle branch block/left ventricular hypertrophy. According to the medical records provided for review, the patient sustained electrical burns to the left upper extremity, head/face, abdomen, and bilateral lower extremity on 06/04/2013. The patient underwent a left hand amputation on 06/28/2013 and split thickness skin graft to the left lower extremity and primary closure to burns on abdomen. According to the 08/14/2013 report by [REDACTED], the patient presents for an evaluation of his prosthetic needs. Two prosthetic devices were ordered, a conventional body part prosthesis and a myoelectric prosthesis. On 10/17/2013, the patient was noted to be "doing exceptionally well with both the myoelectric and conventional prosthetic devices." The patient reports that he is anxious to resume some recreational activities, but the conventional and the myoelectric devices were not functioning adequately for the activities he would like to participate in again. [REDACTED] recommends a more "lightweight left elbow sports/activity prosthesis." A utilization review denied the request on 11/25/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A LIGHTWEIGHT BELOW LEFT ELBOW PROSTHESIS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Prostheses (artificial limbs) Recommended as indicated below. A prosthesis is a fabricated substitute for a missing body part. On-board microprocessor-controlled joints are making prosthetic arms easier to control by the user. Prognoses following amputation will certainly rise, factoring into the surgeon's decision to attempt to save a limb versus perform an amputation. Recently, there have been several new multi-articul

**Decision rationale:** This patient presents status post left hand amputation on 06/28/2013. On 08/14/2013, the patient received 2 different types of prostheses that are interchangeable. On 10/07/2013, the treater stated the 2 prosthesis "are not functioning adequately for the activities he would like to participate in." The treater recommends a third lightweight below-left elbow prosthesis and accessories to the prosthesis. In this case, the patient is noted to have received 2 prosthetic devices that are interchangeable, and on 10/14/2013, the treater noted the patient was "doing exceptionally well with both the myoelectric and conventional prosthetic devices." The treater does not provide a solid rationale on the medical necessity of the third prosthetic. The request is not medically necessary and appropriate.

**TEST SOCKET:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.