

<b>Case Number:</b>	CM14-0018742		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	11/22/2005
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 and Rehabilitation, with a subspecialty on Pain Management, and is licensed to practice in Minnesota. 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 injured worker is a male who reported an injury on November 22, 2005. The mechanism of injury was the injured worker was extracting a substance from a flask and an explosion occurred causing damage to both upper extremities. The injured worker subsequently underwent an amputation of the upper extremity and the fingers of the right hand. The documentation of December 20, 2013 revealed the injured worker was a professor in chemistry and lab experiments. The injured worker had a left upper extremity prosthesis. It was indicated that the injured worker was in for an evaluation of prosthetic I-Limb Ultra at Touch Bionics. Upon physical examination of the left upper extremity, the extremity had a left forearm amputation with skin intact. On the right hand, the injured worker had multi digit amputation. The diagnoses included left forearm amputation, right digit amputation, and right amputation of the right upper extremity. The treatment plan included an I-Limb Ultra-Revolution from Touch Bionics and a bike prosthesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**I-LIMB ULTRA-REVOLUTION:** 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) FOREARM, WRIST & HAND CHAPTER, PROSTHESES, I-LIMBÂ® (BIONIC HAND).

**Decision rationale:** The Official Disability Guidelines recommend the criteria for the use of prosthesis include a prosthesis is considered medically necessary when the patient will reach or maintained a defined functional state within a reasonable period of time. The patient is motivated to learn to use the limb and the prosthesis is furnished incident to a physician's services or on a physician order as substitute for a missing body part. The I-Limb bionic hand is an upper limb prosthetic device that imitates the movement and accuracy of the human hand with independently powered digits that have the ability to bend at each joint and open and close around objects. The clinical documentation submitted for review indicated the injured worker had a prosthesis. There was a lack of documentation indicating the type of prosthesis and that the prosthesis was not effective. Additionally, there was a lack of documentation which limb was to be treated; whether it was the right hand or the left arm. The request for an I-Limb Ultra-Revolution is not medically necessary or appropriate.