

Case Number:	CM14-0029397		
Date Assigned:	06/20/2014	Date of Injury:	02/19/2008
Decision Date:	07/28/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational Medicine 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 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 72 year old male who sustained an injury on 02/19/08 sustaining injuries to the right upper extremity that required amputation above the elbow. The injured worker had been utilizing Lyrica for post-amputation neuropathic pain. The clinical report on 12/31/13 indicated the injured worker felt his current right upper extremity prosthetic which was too heavy increasing the amount of neuropathic pain at the right upper extremity amputation site. Physical exam noted no tenderness to palpation at the amputation site with no evidence of abrasion or open wounds. The injured worker was requesting a second prosthetic sleeve as well as a lightweight hi-definition prosthetic arm for social use. The requested right upper extremity prosthetic device as well as upper extremity prosthesis sleeve was denied by utilization review on 02/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper extremity prosthesis sleeve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment; Essentials of Physical medicine and Rehabilitation, 1st ed. Chapter 93 - Amputation, Upper Limb.

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.

Decision rationale: The injured worker is a 72 year old male who sustained an injury on 02/19/08 sustaining injuries to the right upper extremity that required amputation above the elbow. The injured worker had been utilizing Lyrica for post-amputation neuropathic pain. The clinical report on 12/31/13 indicated the injured worker felt his current right upper extremity prosthetic which was too heavy increasing the amount of neuropathic pain at the right upper extremity amputation site. Physical exam noted no tenderness to palpation at the amputation site with no evidence of abrasion or open wounds. The injured worker was requesting a second prosthetic sleeve as well as a lightweight hi-definition prosthetic arm for social use. The requested right upper extremity prosthetic device as well as upper extremity prosthesis sleeve was denied by utilization review on 02/06/14.

Right transhumeral lightweight prosthetic arm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment; Essentials of Physical medicine and Rehabilitation, 1st ed. Chapter 93 - Amputation, Upper Limb.

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.

Decision rationale: In regards to the request for a lightweight transhumeral prosthetic upper extremity, this reviewer would not have recommended this request as medically necessary. The new lightweight prosthetic arm was recommended as the injured worker complained of increased pain due to the weight of the current prosthetic. Otherwise, there is no indication that the current prosthetic had malfunctioned or was not functioning in any way. Per the report, this lightweight arm was only going to be utilized on a social basis and was not prescribed to help improve the injured worker's function further. Given the lack of any indication for replacement lightweight right upper extremity prosthesis, this reviewer would not have recommended this request as medically necessary.