

Case Number:	CM15-0008539		
Date Assigned:	01/26/2015	Date of Injury:	12/18/2012
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic hand pain reportedly associated with an industrial injury of December 18, 2012. In a Utilization Review Report dated December 30, 2014, the claims administrator denied a request for custom silicone prosthesis to the right hand/right wrist. The claims administrator did acknowledge that the applicant was status post severe crush avulsion injury and subtotal amputation of the right hand with pain both at the amputation site and the right shoulder. The claims administrator contended that the attending provider had failed to furnish a compelling rationale to support the request. Prescription form and RFA form of December 16, 2014 and December 22, 2014 were referenced at the bottom of the report, although these were not summarized. The applicant's attorney subsequently appealed. In an order form dated November 4, 2014, the attending provider ordered custom silicone prosthesis for the right hand. In a subsequent order form dated December 16, 2014, the attending provider stated that the applicant had undergone below-the-elbow unilateral amputation and was in need of a custom prosthetic silicone limb. In an operative report dated January 16, 2013, the applicant underwent a primary closure of donor site, separation of groin flap, irrigation and debridement of the wound of donor site, and irrigation and debridement of the wound of hand procedure to ameliorate preoperative diagnoses of severe crush avulsion and subtotal amputation of right hand, avulsion of the skin from the wrist area completely, amputation of the index, middle, ring, and small fingers, and status post transfer of the right groin flap to cover soft tissues effect on the right hand. The applicant received extensive postoperative physical therapy, including on office visit of November 12, 2014, November 13,

2014, and November 17, 2014, at the conclusion of which the treating therapist suggested that the applicant had met long-term goals but apparently needed upper extremity prosthesis. The applicant apparently had tingling pain at the amputation/stump site. In a December 4, 2014 progress note, the attending provider stated that the applicant had residual pain at the amputation site and had residual complaints of shoulder pain. A healed amputation incision was noted. The attending provider stated that the applicant needed a prosthesis with associated socket and attachment so as to afford the applicant with opportunity to use a bicycle. Ultram was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom silicone prosthesis, transradial adaptive prosthesis for right hand: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Hand, and Wrist Chapter, Prostheses (Artificial Limb) topic.

Decision rationale: Yes, the proposed prosthesis is medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. As noted in ODG's Forearm, Hand, and Wrist Chapter Prostheses topic, criteria for the use of prosthesis include evidence that an applicant is attempting to reach a defined functional state through the aid of the prosthetic device, evidence that an applicant is motivated to learn to use the limb, and evidence that a prosthesis is furnished on a physician's order as a substitute for a missing body part. Here, the applicant has undergone amputation of the right hand. The applicant and/or attending provider have contended that the applicant was unable to perform certain activities of daily living, including using a bicycle, without the aid of a prosthetic limb. The applicant appears well motivated to try and improve his functional state. Provision of the prosthesis, thus, is indicated. Therefore, the request is medically necessary.