

Case Number:	CM15-0182435		
Date Assigned:	09/23/2015	Date of Injury:	03/05/2011
Decision Date:	10/28/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/16/2015

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: California

Certification(s)/Specialty: Emergency 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:

This is a 39-year-old female with a date of injury on 3-5-2011. A review of the medical records indicates that the injured worker is undergoing treatment for phantom limb pain syndrome, complex regional pain syndrome (CRPS) of upper limb, fibromyalgia-myofascial pain and traumatic amputation of arm and hand. Medical records (5-26-2015 to 8-21-2015) indicate ongoing right arm pain (phantom limb). At the 5-26-2015 office visit, the injured worker reported that her prosthesis still made her arm feel fairly sore after using it, but she was motivated to continue adjusting to it. According to the progress report dated 7-28-2015, the injured worker reported that her prosthesis was being adjusted. It was noted that she had been without the prosthesis for approximately four months. She reported that depression, anxiety and sleep had improved with ongoing treatment. Per the progress report dated 8-21-2015, "her prosthetic arm in is for repair and has had to be repaired numerous times." The physical exam (7-28-2015) revealed muscle tenderness noted over the general musculature of the right upper extremity. Treatment has included cognitive behavioral therapy, exercise and medications. Current medications (7-28-2015) included Ultracet, Voltaren gel, Effexor, Senna and Melatonin. The original Utilization Review (UR) (8-31-2015) denied a request for right upper extremity prosthesis repair or replacement at Hanger O and P.

IMR ISSUES, DECISIONS AND RATIONALES

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

RUE Prosthesis repair or replacement at hanger O and P: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: Prostheses (artificial limbs).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, prostheses for forearm amputation may be medically necessary if patient may acquire function within a reasonable time and be willing to learn to use limb. Documentation concerning patient's prosthesis is confusing. It is unclear if the limb is lost or broken. It is unclear how it is broken or what repairs were needed. While patient should get the limb repaired, this request is an open-ended request that also requests a replacement limb for unknown reason. Without additional information, a replacement limb cannot be approved and cannot be considered medically necessary.