

Case Number:	CM15-0191788		
Date Assigned:	10/05/2015	Date of Injury:	11/25/2013
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 11-25-2013. The injured worker is being treated for traumatic amputation of fingers, complete, partial and late effect of traumatic amputation. Treatment to date has included surgery (amputation of the ulnar half of the left hand, small finger, ring finger, middle finger and tips of index and thumb), diagnostics, medications, and physical and occupational therapy. Per the most recent submitted Primary Treating Physician's Progress Report dated 1-08-2015 the injured worker presented for inquiry about a prosthetic. Objective findings included a well healed left hand. There was partial amputation with loss of ulnar half of hand including small, ring and long fingers. IF and thumb with tip amputations stable and small residual nail of the thumb (asymptomatic). Work status was permanent disability. The plan of care included, and authorization was requested on 8-13-2015 for one conventional prosthesis, one myoelectric prosthesis with articulating fingers and custom silicone, and one lightweight oppositional prosthesis. On 9-23-2015 Utilization Review non-certified the request for one myoelectric prosthesis with articulating fingers and custom silicone, and one lightweight oppositional prosthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

One myoelectric prosthesis with articulating fingers and custom silicone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Criteria for the use of myoelectric upper extremity prosthetic devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dalley, Skyler Ashton. "Development and Control of a Multigrasp Myoelectric Hand Prosthesis." PhD diss., Vanderbilt University, 2013.

Decision rationale: This request is for a myoelectric prosthesis for a partial transmetacarpal amputation. A myoelectric prosthesis at this amputation level is experimental and cannot be considered standard of care. Therefore this request is not medically necessary.

One lightweight oppositional passive prosthesis: Overturned

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 Pillet, Jean. "Esthetic hand prostheses." J Hand Surg 8, no. 5 (1983): 778-81.

Decision rationale: This request is for passive oppositional finger prosthesis. An initial review concluded that there is no guideline to support this treatment as medically necessary. However such prostheses have been widely used for several decades for both cosmetic and functional purposes, as classically discussed by Pillet (1983). This request is medically necessary.