

<b>Case Number:</b>	CM14-0009271		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	04/16/2006
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and upper arm pain reportedly associated with an industrial injury of April 16, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; reported amputation/partial amputation of the limb; apparent placement of a prosthesis; adjuvant medications; antidepressant medications; stellate ganglion blocks; unspecified amounts of physical therapy; unspecified amounts of psychological counseling; and a TENS unit. In a utilization review report dated December 26, 2013, the claims administrator denied a request for left transhumeral hybrid prosthesis, noting, however, that the applicant had had partial amputation of the arm and hand below the elbow. It was stated that the applicant's prosthesis was ill-fitting, that the applicant had gained weight, and that the current prosthesis was over four years old. Despite documenting that the current prosthesis was ill-fitting, breaking down, several years old, and generating issues with skin breakdown, the claims administrator nevertheless denied the prosthesis, stating that the attending provider did not provide a detailed description of the components of the current prosthesis and that attending provider and/or applicant could make an attempt to salvage the component parts of the prosthesis there were in fact usable. It was stated that the applicant's current prosthesis was causing issues with skin breakdown and the patient had deficits in terms of washing his face, using a toothbrush, removing his shirt, using a zipper, carrying laundry, etc., which the prosthetist apparently felt could be ameliorated through replacement prosthetic. The applicant's attorney subsequently appealed. In a clinical progress note of September 3, 2013, the applicant was described as having left upper extremity amputation stump with associated chronic regional pain syndrome. The applicant has phantom limb pain, it was stated. The applicant was asked to continue Lyrica and tramadol. A survey of

the clinical file suggest that a clinical progress note dated December 18, 2013 which utilization review was privy to was not incorporated into the Independent Medical Review (IMR) packet.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LEFT TRANS HUMERAL HYBRID PROSTHESIS: 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 & Hand,Prosthesis (Artificial Limbs).

**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 topic

**Decision rationale:** The MTUS does not address the topic of prosthetics. However, as noted in the ODG Forearm, Hand, and Wrist Chapter Prosthetics topic, a prosthetic may be considered to be medically necessary when the applicant is motivated to learn to use the limb, the process is furnished into an order as a substitute for missing body part, and/or when an applicant has goals to maintain or reach a defined functional stay within a reasonable period of time. In this case, these guidelines have, in fact, have been met. The baseline survey of the utilization review report, the prosthetist has identified goals for the applicant to reach. The current prosthesis is reportedly ill-fitting, malpositioned, and resulting in skin breakdown. The current prosthesis is several years old and has been worn consistently, for greater than four hours a day. The process has apparently posited that the new prosthesis will provide better function in terms of activities of daily living, improved grip strength, and require less energy to operate. The applicant does have a history of traumatic amputation of the left arm below the elbow. A replacement prosthesis is indicated, given the breakdown and failure of the earlier prosthesis. Therefore, the request is medically necessary.