

Case Number:	CM14-0134841		
Date Assigned:	08/27/2014	Date of Injury:	10/02/1979
Decision Date:	09/30/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/21/2014

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 Orthopedic Surgeon 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 an 87-year-old male who reported an injury on 10/02/1979. The mechanism of injury was not provided for clinical review. The diagnoses included amputation below the unilateral elbow. Previous treatments were not provided for clinical review. Within the clinical note dated 07/08/2014, the injured worker reported the inability to use his arm. The prosthetist pulled the prosthesis apart and noted that the teeth in the gear were stripped. The injured worker reported that the arm is not functional. A physical examination was not documented. The request submitted is for disconnect locking wrist for the left wrist/arm. However, rationale was not provided for clinical review. The Request for Authorization was submitted and dated 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Disconnect locking wrist for the left wrist/arm: Upheld

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

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, Prostheses (artificial limbs).

Decision rationale: Official Disability Guidelines recommend prosthesis artificial limbs as indicated below. A prosthesis is a fabricated substitute for a missing body part. Onboard microprocessor controlled joints are making prosthetic arms easier to control by the user. Prognosis following amputation will certainly rise, factoring into the surgeon's decision to attempt to save the limb versus perform an amputation. Recently, there have been several new multi-articulating prosthetic hands that have come to the market, with multiple motors and control different fingers and hand positions. Criteria for a prosthesis includes the patient will reach or maintain a defined functional state within a reasonable period of time; the injured worker is motivated to learn to use the limb; the prosthesis is furnished incident to a physician's services or a physician order as a substitute for a missing arm or body part. There is lack of documentation indicating the injured worker's motivation to learn to use the disconnect left locking wrist. There is lack of documentation indicating the injured worker's improved functional state with the prosthesis. The provider failed to document an adequate and complete physical examination indicating the injured worker's functional ability with the utilization of the prosthesis. Therefore, the request is not medically necessary.