

<b>Case Number:</b>	CM14-0218448		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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, Arizona

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 48 year old male who reported injury on 12/18/2012. The mechanism of injury was reported to be from a crush and degloving injury. The current diagnoses are right hand amputation with subsequent right groin flap coverage (12/2/2013) and impingement of the right shoulder. Past medical treatment consist of surgery, physical therapy, injections and medication therapy. Medications include Ultram 50mg. Progress note dated 12/1/2014, indicated that the injured workers complained of right arm pain at the amputation, 5/10 on a subjective pain scale. The physical examination of the right hand revealed healed amputation incision. Range of motion of the elbow is 0/120. On this date, the treating physician prescribed purchase of a socket and attachment prosthesis for bicycle for the right hand amputation, which is now under review. In addition to the socket and attachment prosthesis, the treatment plan included Ultram and follow-up appointment in 4-6 weeks. Rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a Socket and attachment prosthesis for bicycle for the hand amputation:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter

**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.

**Decision rationale:** The request for purchase of a socket and attachment prosthesis for bicycle for the hand amputation is not medically necessary. Official Disability Guidelines state that hand prostheses are recommended. A prosthesis is a fabricated substitute for a missing body part. On board 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 had been several new multiarticulating prosthetic hands that have come to market, with multiple motors to control. There was no indication in the submitted documentation of the injured worker's current prosthesis being unable to be modified for bicycle use. Additionally, there was no indication of the prosthesis having any malfunction or not working properly. Furthermore, there was no rationale submitted for review to warrant the request. There were no other significant factors provided. Given the above, the request would not be indicated. As such, the request is not medically necessary.