

Case Number:	CM15-0018021		
Date Assigned:	02/05/2015	Date of Injury:	04/18/2012
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/30/2015

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: TR, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker (IW) is a 37 year old male who sustained an industrial injury on 04/18/2012 when his hand got caught in a mixer and he lost of all the fingers on his right hand. Diagnoses include: 1.Right hand amputation, 2. Right hand neuropathic pain, 3. Phantom pain in the right upper extremity, 4. Right shoulder pain, 5. Right shoulder impingement syndrome, 6. Right ankle pain. Treatments to date include surgeries, physical therapy , psychological care, and medications. In the most recent descriptions found in the submitted medical chart, a psychological services report of 10/30/2014 indicates the Injured Worker relates that he is "still way depressed" and complains of inability to sleep and a feeling of helplessness or powerlessness. Diagnoses from that visit were depressive disorder NOS (not otherwise specified), and anxiety disorder NOS. The most recent primary treating physician's progress report is dated 11/14/2014 and describes the Injured Worker's subjective complaints of pain in the right hand that was increased with cold weather and activities of daily living. Objective findings were tenderness in the right hand. According to the UR report, in a progress note dated 12/17/2014, (which is not found in the medical records submitted) the treating provider reports ongoing pain in the right residual hand, right wrist, and right shoulder. The Injured Worker had also started experiencing pain in the right ankle and foot. The Injured Worker was having difficulty with activities of daily living such as dressing, bathing, and cooking. His regular medications seem to help the right upper extremity residual limb. Examination of the shoulders showed full range of motion with positive impingement sign, and a healed scar was noted over the mid-metacarpal level with tenderness to palpation along the distal end of the residual limb.

Neuro exam of the limb showed a decreased sensation to light touch in the distribution of the right residual hand. The grip strength in the right hand is reduced on manual testing. The plan was to continue the medication for neuropathic pain, temporary disability, and to request right hand functional position prosthesis. On 01/14/2015 Utilization Review non-certified a request for Electrical Prosthesis: Custom made right hand functional position prosthesis, noting there was no indication that standard body powered prosthetic devices cannot be used or are insufficient to meet the functional needs of the IW in performing activities, and there is no clear indication of which type of electric prosthesis is being recommended. The Official Disability Guidelines, Forearm, Wrist, Hand Chapter, and the ODG Prostheses (artificial limbs) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical Prosthesis: Custom made right hand functional position prosthesis: Upheld

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 Chapter, and the ODG Prostheses (artificial limbs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist, Hand; Myoelectric upper extremity (hand and/or arm) prosthesis

Decision rationale: The request for a custom made electrical prosthesis is not a topic covered by the MTUS treatment guidelines, and so the ODG guidelines provide the preferred mechanism for assessment of medical necessity. While it is clear that a prosthetic device may be of treatment value in this patient, with respect to myoelectric upper extremity prostheses, the ODG state criteria for recommended use include amputation or missing limb at the wrist or above, and the patient should be free of comorbid conditions that could interfere with maintaining function of the prosthesis. There must also be documentation that standard body powered prosthetic devices can not be used or are insufficient to meet the functional needs of the patient in performing activities of daily living. In this case, while the patient may meet criteria for a prosthetic device, it is unclear based on the provided records whether or not an electric prosthesis is more appropriate than a standard body powered prosthetic, especially in light of the location of the injury/structure of the residual limb and presence of persistent neurologic dysfunction coupled with a lack of specificity regarding the type of prosthetic requested. Without further information as to why an electric prosthetic is preferred to a standard body powered prosthetic in this case the treatment request cannot be considered medically necessary.