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**DATE OF REVIEW:** 04/06/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

DME-Myo-Electric Prosthesis with an I Limb Hand

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

This case was reviewed by a Texas licensed MD, specializing in Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Surgery: Critical Care

**REVIEW OUTCOME:**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

<b>Health Care Service(s) in Dispute</b>	<b>CPT Codes</b>	<b>Date of Service(s)</b>	<b>Outcome of Independent Review</b>
DME-Myo-Electric Prosthesis with an I Limb Hand			Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

<b>No</b>	<b>Document Type</b>	<b>Provider or Sender</b>	<b>Page Count</b>	<b>Service Start Date</b>	<b>Service End Date</b>
1	FCE Report	Physical Performance Testing	11	02/26/2009	02/26/2009
2	Initial and Appeal Denial Letters	Insurance Company	8	02/02/2009	03/10/2009
3	IRO Request	Texas Department of Insurance	11	03/17/2009	03/17/2009
4	Consideration letter and Informational Literature	Certified Limb and Brace	12	08/21/2008	08/21/2008

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This claimant who sustained an alleged electrocution work injury to the Left hand and arm on xx/xx/xx. This resulted in a Left transradial below elbow amputation. The claimant has been provided a body driven cable prosthesis which he has been judged to be able to function at Level 4. He is independent and is reported to be talented with this prosthesis. The request is for I Limb Myo-Electric prosthetic hand and Myo-Electric prosthesis.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The I-LIMB Hand is a first lightweight prosthetic device with five individually powered digits. But for this particular claimant who has been deemed a Level 4 functional patient with the current prosthetic device is adequate and reasonable, 134.600 states that the treatment should be reasonable and cost effective and given that there are no major functional deficits noted with the claimant's high level of function, the documentation does not support the I Limb as requested. The previous decision is upheld.

Recommended as indicated below. A prosthesis is a fabricated substitute for a missing body part. See also [I-Limb®](#) (bionic hand); & [Targeted muscle reinnervation](#).

**Criteria for the use of prostheses:**

A prosthesis may be considered medically necessary when:

1. The patient will reach or maintain a defined functional state within a reasonable period of time;
2. The patient is motivated to learn to use the limb; and
3. The prosthesis is furnished incident to a physician's services or on a physician's order as a substitute for a missing body part. ([BlueCross BlueShield, 2004](#))

The i-LIMB® Hand (manufactured by Touch Bionics, Livingston, UK) is an upper-limb prosthetic device that imitates the movement and accuracy of the human hand, with five independently powered digits that have the ability to bend at each joint and open and close around objects. The i-LIMB® Hand is also anatomically correct both when resting and in motion.

Aetna CPB #399 states "Aetna considers myoelectric hand prostheses medically necessary for members with traumatic or congenital absence of forearm(s) and hand(s)."

**Upper Limb Prosthetics** <<http://emedicine.medscape.com/article/317234-overview>>

**Author: Brian M Kelly, DO, Assistant Professor, Department of Physical Medicine and Rehabilitation, University of Michigan Medical School; Assistant Program Director, Residency Training Program, Consulting Staff, Service Chief 6A, Inpatient Rehabilitation Services, [University of Michigan Health System](#) Prosthesis and orthosis**

A prosthesis is a device that is designed to replace, as much as possible, the function or appearance of a missing limb or body part. An orthosis is a device that is designed to support, supplement, or augment the function of an existing limb or body part.

**Characteristics of a successful prosthesis**

Ideally, a prosthesis must be comfortable to wear, easy to put on and remove, lightweight, durable, and cosmetically pleasing. Furthermore, a prosthesis must function well mechanically and require only reasonable maintenance. Finally, prosthetic use largely depends on the motivation of the individual, as none of the above characteristics matter if the patient will not wear the prosthesis.<sup>1</sup>

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS  
USED TO MAKE THE DECISION:**

ODG: Forearm, wrist and hand