

# C-IRO Inc.

An Independent Review Organization  
7301 RANCH RD 620 N, STE 155-199A

Austin, TX 78726

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May 6, 2010

**IRO CASE #:**

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

DME Purchase Above Elbow Prosthesis

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

MD, Board Certified in Physical Medicine and Rehabilitation

**REVIEW OUTCOME:**

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 4/5/10, 3/19/10

M.D. 1/7/10, 11/9/09, 8/12/09, 6/11/09, 4/13/09, 2/11/09,

1/6/09, 2/8/08, 11/12/08, 9/15/08, 8/18/08, 7/14/08, 7/9/08, 7/5/08

xxxxxxx 7/30/07

xxxxxxx. 2/18/10

ODG-TWC

**PATIENT CLINICAL HISTORY SUMMARY**

This is a man injured with a crush injury in xx/xxxx. The operative reports describe a wrist disarticulation (technically just above the wrist). He had a revision and received a myoelectric prosthesis in 2007 and another mechanical one in 2008. He had problems with pain and the prosthesis weight. There are several ongoing notes from Dr.. The claimant has ongoing pain, trigger point injections did not help. Several of Dr. notes describe arm pain, but the prosthetist and other reviewers describes a below elbow amputation. Dr. 8/12/09 note described his being fitted with a prosthetic hand and he has adjustments being made to the myoelectric prosthesis. She wrote (1/6/09) that none of the prostheses seem to work. Her note (1/7/10) states that the prosthesis does not fit well and there is pain.

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

The 1/7/10 note states "He has a new prosthetic arm which does not fit well." He has chronic pain. The ODG is clearly in support of a prosthetic arm, including a myoelectric one.

However, the records provided for this review do not document why the first two prostheses were unsuccessful, and why the previous myoelectric prosthesis was unsuccessful. There is no objective evidence provided regarding the patient's motivation. The ODG would consider the prosthesis medically necessary if "the patient will reach or maintain a defined function state within a reasonable period of time." This is not clear from the records provide. The ODG also states that the prosthesis is medically necessary if "the patient is motivated to learn

to use the limb.” This evidence has also not been provided. Therefore, the reviewer finds that medical necessity does not exist at this time for DME Purchase Above Elbow Prosthesis.

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

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)