

AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 13, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left Definitive below elbow prosthesis.

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

This physician is a Board Certified Orthopedic Surgeon with over 40 years experience.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On XX/XX/XXXX a chart note indicates that patient told the writer that she had been in an accident that amputated the left arm leaving 2/3 of the radial and ulnar bones. The right had is missing the thumb and digits 2 & 3. The note states that

the patient has a good outlook and wants to look as natural as possible and would be moving to a medical facility.

On September 9, 2010 a note states that claimant was evaluated for right prep hand and left prep BE. The note continues by stating "I feel that a silicone hand restoration utilizing her own 4th and 5th digits will be best. The shade, color and shape to match the prosthetic hand on left BE prosthesis. The left side residual is so long that we have little space to work with. Any standard hand will make limb too long. The claimant is also very sensitive to distal axial loading or pressure which will make the use of a body powered prosthesis quite painful as she pushes it into the socket to extend elbow for hand opening. Recommend switch controlled electric "trans carpal for its ease of use and most compact frame and mounting hardware. This will allow us to have equivalent hanging lengths. Long term recommendations are for left arm with I-Limb hand and right partial hand with electric pro digits at 1st, 2nd, and 3rd positions.

On September 9, 2010 there is a diagram of an upper extremity prosthetic measurement chart.

On September 17, 2010 note indicates that claimant was seen at facility to be fitted with BE prosthesis.

On September 24, 2010 note states follow up finds all well, claimant has reduced from O-ply fit to 2-ply fit, she is being released from rehab today and will begin outpatient therapy on Monday.

On October 14, 2010 follow up note state finds all well and she is reducing; discussed further shrinkage and prosthetic plan for definitive limb. Also discussed various AD:'s to add to her practice each day to extend the limbs usefulness.

On November 22, 2010 follow up note states fit and delivered right partial hand restoration., a little darker, as she was in the summer, but very close with a nice fit and likeness. Also check on Left BE and find significant volume reduction. She was at a 2 ply fit last visit and is now at 14-ply. I added ¼" foam fitting shims, full length medial and lateral. Also brought in the epicondylar suspension clips by 3/8". She is now at a comfortably snug 6-ply fit with good control.

On December 9, 2010 follow up note states claimant is improving and spending more time in prosthesis as well as using for daily living tasks throughout the day at home. "My only concern it that her shaping and shrinking have stalled. She is snug in the same sock ply fit as 3 weeks ago. We'll continue to monitor atrophy"

On December 20, 2010 an assessment from OTR, CHT to MD, requesting continued therapy to meet treatment goals of 1. Claimant to be independent in ADL's such as dressing, grooming and independent with her prosthesis within 4 weeks and 2. Patient will subjectively report a 50% decrease of hypersensitivity to the left stump and right hand within 4 weeks.

On December 30, 2010 follow up not states volume seems to have stabilized on both sides. We will give them 2 more weeks of wrapping and prep use to make sure we are down as much as possible. Will cast and measure for Prodigit Finger replacements x3 on right hand, and a I-Limb myo-electric BE on Left side.

On January 18, 2011 follow up note state C & M for left definitive prosthesis utilizing touch Bionic I-Limb pulse hand with myo-control proportional sensors as originally planned. "I have also contacted Company about Model for right partial hand. After long consultation and discussion we agree that I should proceed with the left BE and allow her to train and utilize until he masters it, then proceed with the P.H. claimant and family agree as well because of upcoming day surgeries scheduled for her facial scars.

On January 18, 2011 note by Dr for interim visit, referral source MD notes to practitioner state C/M bilateral both. Notes to office staff for definitive left BE prosthesis. Diagnosis Traumatic Left Below Elbow Amputation and right partial hand amputee function level 3, list is Myo BE prosthesis –left, electric hand, proportional control electrodes, lithium rechargeable battery, lithium charger, acrylic lamination construction, BE test fit, microprocessor control per finger (5), pigmented I-limb glove, wrist coupler, variable grip pattern, rotatable thumb base.

On January 18, 2011 an upper extremity prosthetic measurement chart diagram for prosthetics.

On January 20, 2011 a letter/progress note to MD from OTR, CHT describing rehab progress. The note also states that claimant is being scheduled in February for surgery on her face and claimant is also to get her new prosthesis over the next month she has been measured for this and the claimant may need additional therapy once that prosthesis comes in. Included are therapy progress notes dated 1/4/10, 1/6/10,1/20/10, 1/25/10, 1/27/10.

On January 27, 2011 a prescription/certificate of medical necessity for prosthetic orthotic and replacement supplies stating that the estimated length of need is "lifetime", diagnosis are upper extremity, traumatic amputation, amputation fingers, amputation of thumb. Description/usage of supplies shows: list is Myo BE prosthesis –left (1), electric hand (1), proportional control electrodes(1pr), lithium rechargeable battery (1), lithium charger (1), acrylic lamination construction (1), BE test fit (1), microprocessor control per finger (5), pigmented I-limb glove(1), wrist coupler (1), variable grip pattern (1), rotatable thumb (1). Signature illegible typed Wen Liu, dated 2/9/2011

On March 2, 2011, M.D. performed a UR on the claimant. Decision: Given the below elbow status, it is not clear that a myoelectric is required over standard body powered prosthesis. The myoelectric has it's own limitations in the amount that it can be shortened.

On March 10, 2011, M.D. performed a UR on the claimant. Decision: Documentation does not fully explain medical necessity of the prosthesis.

On March 25, 2011 A letter from HR Manager for Company writes that claimant was injured in an explosion amputating her left arm. Manager explains in the letter that Dr. wrote a prescription for a prosthetic arm and Mr, a certified prosthesis visited claimant to begin the process. The plan was designed in two steps. Claimant was fitted with a temporary “manual” type arm to wear and use until the swelling in the arm went down at which time a permanent arm which would provide a better range of motion would be fitted. A claim for the prosthesis was submitted to the insurance carrier, which in turn contacted Dr. who refused to discuss medical necessity because the claimant was no longer under his care as she had returned home to City. The insurance carrier was then directed to Dr., the claimant’s primary care doctor who also refused to certify medical necessity because this was out of his area of expertise. Ms. states that Dr. made claimant an appointment with an orthopaedic surgeon, Mr, for XX/XX/XXXX “in the belief that the surgeon will be able to review the case and determine whether the arm ordered is actually a medical necessity.”

PATIENT CLINICAL HISTORY:

No clinical history is available at this time.

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

The previous decisions are overturned. Based on the medical records the claimant’s quality of life would be greatly improved with the requested prosthesis and per the ODG-Appendix D since the claimant would receive functional improvement and help with her ADLs the prosthesis is indicated.

ODG -TWC

ODG Treatment

Integrated Treatment/Disability Duration Guidelines

Appendix D

Documenting Exceptions to the Guidelines

In cases where the medical care is an exception to ODG, the health care provider should document: (1) extenuating circumstances of the case that warrant performance of the treatment including the rationale for

procedures not addressed in ODG; (2) patient co-morbidities, (3) objective signs of functional improvement for treatment conducted thus far; (4) measurable goals and progress points expected from additional treatment; and (5) additional evidence that supports the health care provider's case.

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

- ACOEM- AMERICAN 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)