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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: June 1, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Upper extremity Above Elbow Socket Replacement

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

M.D. Board Certified Orthopedic Surgeon

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

Dr., OV: 10/20/10, 01/26/11

Dr., Appeal letter: 04/20/11, 05/04/11

Dr., prescription for therapy: 09/15/10

Peer Review: 04/08/11, 05/05/11

Occupational therapy notes: 07/30/10

Dr., UT Physicians: 04/06/10, 07/29/10

Dr., Script for x-rays: 11/19/10

Inc.: 04/05/11, 04/21/11

Clinic Equipment Prescription: 01/26/11

Workers Comp Insurance verification: 05/13/10

orthopedic Prosthesis request: 07/14/10

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates.

Forearm, Wrist and Hand

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his left arm on xx/xx/xx and had an amputation of his left arm above the elbow. The claimant was supplied with a prosthesis. When he saw Dr. on 01/26/11 the claimant complained that his prosthesis was not fitting well. The claimant had worked with an amputee and prosthetic center to modify his prosthesis by adding a recommended strap. On examination, the socket and inner liner were significantly enlarged. The claimant had lost significant weight since his prosthesis was made. The claimant had significant tenderness to palpation located in the area distal and posterior to his skin graft, which was suggestive of a neuroma. Dr. recommended a new body-powered socket since the claimant had had a significant change in his residual limb's size and shape. This was non-certified in a peer review dated 04/08/11 as there was no recent physical exam pertaining to the progression or regression of the neuroma which could be a factor in the non-

fitting of the elbow socket. Dr. noted, in his appeal letter dated 04/20/11, that the new replacement socket was requested due to shrinking and residual limb changes and he would work around areas that might be problematic. A second peer review on 05/05/11 non-certified the replacement socket as there was no documentation submitted regarding the claimant's current symptomology as it applied to his affected limb, nor was there documentation regarding the claimant's motivation and rehabilitation potential.

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

The request for left upper extremity above elbow socket replacement is medically necessary based on the records provided in this case. Official Disability Guidelines criteria for use of a prosthesis includes as a substitute for a missing body part. In this case the claimant already has a prosthesis status post left above elbow amputation. However, there is considerable concern over ill fitting of the prosthesis. Dr. has documented that the current prosthesis is ill fitting and there are issues with a neuroma. While the provider realizes that surgery may be required to deal with the neuroma, the reviewer agrees with the provider that it would be reasonable to try refitting the prosthesis first. A patient who is status post amputation per the Official Disability Guidelines should be fitted with a prosthesis. All the other guidelines have been satisfied in this case, including that the patient will reach or maintain a defined functional state within a reasonable period of time and the patient is motivated to learn to use the limb. Therefore, and per the Official Disability Guideline, the Left Upper extremity Above Elbow Socket Replacement is medically necessary in this patient's case.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates.
Forearm, Wrist and Hand

Prostheses (artificial limbs)

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)

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)