

Clear Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/10/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Preparatory and Definitive Partial hand level externally powered prosthesis with combination of myoelectric and force sensing resistor (ESK) control of Vincent independently articulating digits with integrated 2-motor drive system including test sockets, frame type socket, Dynamic Muscle Contoured interface, partial Hand Silicone Glove, Lithium Ion polymer battery and magnet charging system, carbon fiber and acrylic materials

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

M.D., Board Certified General Surgery, Fellowship: Orthopedic Hand and Upper Extremity Surgery

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

ODG Forearm, Wrist and Hand

Request for IRO dated 01/24/12

Utilization review determination dated 11/16/11

Utilization review determination dated 12/09/11

Letter CPO,LPO dated 11/11/11

Statement of medical necessity dated 11/10/11

Explanation of unlisted procedures 11/11/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries to right hand on xx/xx/xx. The claimant suffered right partial hand amputation involving 3rd and 4th digits at metacarpal phalangeal joint. The claimant has previously been fitted with prosthesis which did not provide the functional capacity he needed to perform daily living and vocational activities and did not allow for any active grasp pattern, which prevented him from participating in many activities. The passive prosthesis required silicone glove that covered majority of claimant's hand, palm and dorsal aspect of hand. It is reported this device is hot and caused the claimant's skin to sweat quickly while wearing device. The claimant was subsequently recommended to receive electric prosthesis, which provides proportionally controlled grip force within large available range of motion while limiting forces exerted on residual limb. It's powered articulating digits and prosthesis provides enhanced grasping capability and dexterity applicable to numerous activities. A reviewer non-certified the

request noting that he was not presented with any medical records and reports having one statement noting the patient is a partial amputation with sensitivity and reduced grasping. He notes that the patient currently has passive prosthesis but does not meet his needs and has requested the above device he notes that without medical records supporting objective physical examination findings, diagnostic testing, CT scans and confirmation of functionality that through occupational therapy notes orthopedic notes or functional capacity notes he cannot approve the requested device to be considered medically indicated and necessary at this time. The appeal request was reviewed by Dr. on 12/09/11 who non-certified the appeal request and notes that the claimant has a partial hand is a partial hand amputee and notes that it does not appear as he would require prosthesis due to the absence of only the third and fourth digits. He opines that this does not seem that this would make the hand more functional.

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

The record does not include any physical therapy records, occupational therapy records, or imaging studies. The record does not include a functional capacity evaluation focused on what the patient's actual limitations are. Given the lack of supporting documentation for the request, the reviewer finds there is no medical necessity at this time for Right Preparatory and Definitive Partial hand level externally powered prosthesis with combination of myoelectric and force sensing resistor (ESK) control of Vincent independently articulating digits with integrated 2-motor drive system including test sockets, frame type socket, Dynamic Muscle Contoured interface, partial Hand Silicone Glove, Lithium Ion polymer battery and magnet charging system, carbon fiber and acrylic materials.

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)