

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 18, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The proposed medical necessity of the proposed heavy duty carbon filter work arm (right myo electric arm due to anatomical change (L6100, L6680, L6687, L6629, L6628, L6660, L6665, L6670, L6676, L7400,L7403, L8415, L6721, L6630, L6704)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
Not stated	L6100		Prosp	1					Upheld
Not stated	L6680		Prosp	1					Upheld
Not stated	L6687		Prosp	1					Upheld
Not stated	L6629		Prosp	1					Upheld
Not stated	L6628		Prosp	1					Upheld

Not stated	L6660		Prosp	1					Upheld
Not stated	L6665		Prosp	1					Upheld
Not stated	L6670		Prosp	1					Upheld
Not stated	L6676		Prosp	1					Upheld
Not stated	L7400		Prosp	1					Upheld
NotStated	L7403		Prosp	1					Upheld
Not stated	L8415		Prosp	1					Upheld
Not stated	L6721		Prosp	1					Upheld
Not stated	L6630		Prosp	1					Upheld
Not stated	L6704		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO- 23 Pages

Respondent records- a total of 880 pages of records received to include but not limited to: Bone and Joint records 2.15.10-3.29.10; Physicians records 10.23.09-12.1.11; report 3.1.10; records 9.17.09-12.2.10; letters 3.22.10-8.30.10; records PhD 3.29.10-5.13.10; Surgical record 5.11.10; nursing records 9.21.09-10.2.09; Operative reports 9.17.09-8.27.10; records Hospital 9.17.09; Med-Trans invoice; Prosthetics records 7.6.10-12.15.11; Benefits of i-Limb hand information sheet; letter 9.25.09; Medical records 9.17.09; FCE 3.3.11-10.28.11; MD reports 9.29.11-11.8.11; Assistive Devices 3.31.11; New Life Brace and Limb 1.14.10; Intrepid 10.9.09; Hospital records 7.21.10; Health letter; letter 8.16.10

Requestor records- a total of 43 pages of records received to include but not limited to: Short patient video; PHMO Notice of an IRO; TDI letter 12.29.11; Prosthetics records 10.17.11-12.15.11; Physicians records 3.29.11-12.1.11; Benefits of i-Limb Hand information; Operative report 8.27.10; letter 12.8.11

PATIENT CLINICAL HISTORY [SUMMARY]:

The records presented for review begin with the prescription for this myoelectric device, a copy of the operative note, a xx/xx/xx, progress note indicating that the claimant sustained a severe trauma to the right knee.

Also noted is an October 24, 2011 follow-up progress note from Dr. indicating that the injured employee "continues to use her current prosthesis without difficulty". Maximum medical improvement was noted and Dr. agreed with the impairment rating assigned.

There are multiple comminuted fractures noted. These fractures were surgically addressed with irrigation, debridement, amputation, and percutaneous pinning of fractures.

There is a note dated October 18, 2011, indicating that secondary to anatomical changes a new prosthetic device was needed.

There is a very brief video which demonstrated the prosthetic device and the upper extremity stump.

I have also looked at medical records that include a letter of complaint from the prosthetic maker, a letter from the prosthetist and an endorsement letter from Dr. noting the injury sustained.

Dr., an orthopedic hand surgeon felt that this type of myoelectric device was not warranted. His determination noted several articles specific to a below elbow device.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines:

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](#))

Clearly there is a missing body part. There is an amputation that is distal to the elbow approximately five inches. The physician note noted the injury and the requirements for a device. The prescription was "provided by the Prosthetic Company". There is no discussion of the motivation on the part of the injured employee and if this will add any additional functionality beyond the device that had worn out.

There is no documentation outlining the need for this type of advanced device. In the first sentence from the prosthetic maker, it is noted that a functional electric hand device has been successfully used for several years. The primary treating physician also noted this success. While noting that the current device is worn, and in need of replacement, there is no clear clinical reason provided that a replacement with the same type device is not reasonable. Given the type of occupation pursued, and noting the previously cited articles, there is no basis to endorse this device at this time.

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES