

Icon Medical Solutions, Inc.

11815 CR 452
Lindale, TX 75771
P 903.749.4272
F 888.663.6614

Notice of Independent Review Decision

DATE: September 3, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Myoelectric Prosthesis L Elbow L6935, L6680, L6687, L6690, L7400, L7403, L7499

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

The reviewer is certified by the American Board of Orthopaedic Surgery with 13 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

01/23/12: Operative Report
11/13/12: Clinic Note
12/05/12: Clinic Note
06/03/13, 06/18/13: Practitioner Note
06/18/13: Clinic Note
07/02/13: Report of Medical Evaluation
07/05/13: UR performed
08/02/13: UR performed
Michelangelo Axon-Bus Prosthetic System information

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who suffered an injury to his left arm on xx/xx/xx. He is status post left trans-forearm amputation.

01/23/12: Operative Report. POSTOPERATIVE DIAGNOSIS: Complex auger accident with near amputation aft the mid forearm. PROCEDURES: Exploration

of wound. Debridement of skin down to bone. Revascularization of the hand with 20 cm bypass. Use of the microscope. Fasciotomies of the dorsal hand times 2. Open carpal tunnel release.

11/13/12: The claimant was evaluated status post left mid forearm amputation. He stated that he had significant pain when he was using the prosthesis, most noticeably on the upper-outer aspect near the distal radius. On exam, the skin was intact. There was good skin graft take. There was some scarcity of thick tissue. There were no areas of focal erythema secondary to unusual contact. ASSESSMENT: Possible bony prominence, left forearm amputation. PLAN: The patient will be seen in the next month for possible further resection. Forearm films will be obtained.

12/05/12: The claimant was evaluated. It was noted that he had a very prominent radius. On exam, his residual limb was well healed. The skin graft at the very end of it had taken 100%. There were no signs of infection. He did have a prominent radius and it did seem to bother him a little bit with direction palpation. He was instructed to put his prosthesis on, and it certainly did bother him with the prosthesis in place. It was noted that looked at him and he believed that resecting the radius back a little bit would probably provide enough relief. that he was a little concerned that they may shorten him too much in terms of not being able to wear his prosthesis. He noted that the other option was to try to get a little bit better soft tissue coverage over that and perhaps have evaluate him for possible soft tissue expander. IMPRESSION: Left below elbow amputation with prominent radius. PLAN: "I had a long talk with him. What I would like to do is talk to both Unfortunately, had a family emergency and will be out for the next couple of weeks, but we will get a hold of him as soon as we can and then call the patient after that to see what we can do to try to improve his situation. His phone number is xxx-xxx-xxxx and then after that hopefully we can make some decisions.

06/03/13: The claimant was evaluated. He stated that he would like to have more rubber bands added to his terminal device, increasing the resistance to opening. He also stated that he would like to have a covering over the opening o his hook terminal device as it scratched some of the machines when he was at the gym working out. He also stated that he had not changed in size in his residual limb since he added a sock one month ago. OBJECTIVE: Patient doing well in his transradial prosthesis. There were scratch marks on the terminal device showing that the patient had been using his prosthesis. He had no issues with his residual limb and the residual limb looked mature. ASSESSMENT: Patient actively using his prosthesis. Patient appeared to be ready for consideration for a myoelectric prosthesis. PLAN: Plan to have patient schedule appointment for follow-up and also to discuss consideration for myoelectric prosthesis for left transradial amputation. Patient agreed to set appointment Patient to return after his appointment.

06/18/13: The claimant was evaluated. It was noted that he continued to participate in training for the prosthesis and had been very compliant in all instructions leading up to this. On exam, the amputation site was well healed.

There continued to be some prominence of the radius and ulna. However, this was well covered. The prosthesis sat well. There were no hot spots visible. ASSESSMENT: Satisfactory postoperative and traumatic course with left forearm amputation. PLAN: "The patient is ready for advancement in his prosthesis use. He is highly motivated to return to the work force as well as to increase his activities of daily living. He currently uses his body-powered prosthesis for gross activities around the house and outside in the yard. He continues to perform scheduled physical fitness activities in an effort to maintain body strength to utilize his prosthesis and in anticipation of a myoelectric prosthesis. He is actively being followed by the University's prosthetist, who concurs in my assessment that a myoelectric prosthesis would enhance his recovery from his injury and maximize his potential for activity and a return to the work force. A formal prescription was provided Anticipate rapidly moving forward with this new prosthesis in an effort to maximize his recovery as soon as possible."

06/18/13: The claimant was seen. He stated that he had a prescription for a myoelectric prosthesis. OBJECTIVE: Patient doing well in his transradial body power prosthesis. He was a successful prosthetic wearer and user and used it on a regular daily basis, both doing his daily activities as well as going to the gym for exercise. He appeared to have stopped shrinking in his residual limb and was eager to start the process for the myoelectric prosthesis. ASSESSMENT: Patient had prescription for myoelectric prosthesis and wanted to start the process for prosthesis as soon as possible. PLAN: Plan to start process and request authorization for myoelectric prosthesis. Patient will be scheduled for casting with approval. Patient agreed to plan.

07/02/13: Report of Medical Evaluation. Summation of IR/MMI: In summary, is assigned a Whole Person Impairment of 57% based on the Guides to the Evaluation of Permanent Impairment, Fourth Edition, by the American Medical Association. The date of Maximum Medical Improvement is November 13, 2013.

07/05/13: UR performed. CRITERIA USED IN ANALYSIS: The patient sustained a left elbow amputation. There definitely is a need for a myoelectronic prosthesis. The patient had been using mechanically body-powered prosthesis for six months. The patient needs myoelectric prosthesis for left elbow to enhance recovery from the injury as well as to maximize the potential for activity and a return to the work force. However, the specific of all the L-codes/DME devices are not fully understood and the need for all them cannot be determined necessary at this time without additional information. I was unable to speak with the treating provider for modification, the request is recommended for non certification. HCPCS Code L6935: Below elbow, external power, self-suspended inner socket, removal forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device. HCPCS Code L6680: Upper extremity addition, test socket, wrist dis-articulation or below elbow. HCPCS Code L6687: Upper extremity addition, frame type socket, below elbow or wrist dis-articulation. HCPCS Code L7403: Addition to upper extremity prosthesis, below elbow/wrist dis-articulation, acrylic material. HCPCS Code L7499: Upper extremity prosthesis, not otherwise specified repair of prosthetic

device, hourly rate (excludes V5335 Repair of Oral or Laryngeal Prosthesis or Artificial Larynx). No additional information could be found on J7400 or L7403.

08/02/13: UR performed. CRITERIA USED IN ANALYSIS: The prior peer-review noted concerns that all of the L-codes/DME devices are not fully understood and the specific need for each could not be determined without additional information added. At this time, there has not been information provided addressing the prior peer review concerns. Therefore, the Myoelectric Prosthesis Left Elbow L6935, L6680, L6687, L6690, L7400, L7403, L7499 is not medically necessary.

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

The previous adverse decisions are upheld. A myoelectric upper extremity prosthesis is not indicated at the present time. The Official Disability Guidelines (ODG) has specific requirements for the use of a myoelectric upper extremity prosthetic device.

1. The patient must demonstrate that a standard body powered prosthetic device cannot be used or is insufficient to the functional needs of the patient in performing activities of daily living (ADL). The patient is able to use a standard body powered prosthetic device in the house and in the yard outside. It is unclear which daily activities are insufficiently addressed by the standard prosthesis and which activities would require a myoelectric device.
2. The ODG also requires that the patient retain sufficient microvolt threshold in the residual limb to allow proper function of the prosthesis. This microvolt threshold has not been documented in the injured extremity. Any degree of nerve damage associated with the amputation could affect the patient's ability to control the myoelectric prosthesis. This factor should be defined before considering the potential advantages of this prosthesis.

Therefore, the request for Myoelectric Prosthesis L Elbow L6935, L6680, L6687, L6690, L7400, L7403, L7499 is not medically necessary and is not certified.

ODG:

Myoelectric upper extremity (hand and/or arm) prosthesis	Recommended as indicated below. See the Shoulder Chapter for more information and references. See also Prostheses (artificial limbs). Criteria for the use of myoelectric upper extremity prosthetic devices: (1) The patient has sufficient neurological, myocutaneous and cognitive function to operate the prosthesis effectively; and (2) The patient has an amputation or missing limb at the wrist or above (i.e., forearm, elbow, etc); and (3) The patient is free of comorbidities that could interfere with maintaining function of the prostheses (i.e., neuromuscular disease, etc); and (4) The patient retains sufficient microvolt threshold in the residual limb to allow proper function of the prostheses; and (5) Standard body powered prosthetic devices cannot be used or are insufficient to meet the functional needs of the patient in performing activities of daily living; and (6) The patient does not function in an environment that would inhibit function of the prosthesis (i.e., a wet environment or a situation involving electrical discharges that would affect the prostheses).
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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)**