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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/26/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physical Medicine And Rehab

Description of the service or services in dispute:

Myoelectric Left Arm Prosthesis

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)

Patient Clinical History (Summary)

The patient is a male who was injured on xx/xx/xx when his left elbow was stuck between a pole and a window resulting in twisting injury. Due to the extensive injury a left below the elbow amputation was required. The patient was provided a body powered prosthesis for four months and was reported to be doing well. The patient was then fitted with a left trans radial powered prosthesis. The patient indicated that while he felt his body powered prosthesis was extremely useful for outdoor activities and working out, a myoelectric prosthesis would provide him with further range of motion do the due to the lack of need of harnessing. The patient previously trained with occupational therapist and utilized myoelectric prosthesis with an terminal device during training sessions. provided statement of medical necessity regarding a myoelectric powered prosthesis. The reconsideration letter from 03/26/15 noted the patient was not currently working or planned to return to the same type of work he was performing at the time of the accident. The patient was wishing to return to school. The reconsideration letter indicated the patient demonstrated appropriate use of the myoelectric powered prosthesis and had sufficient neurological and cognitive function to operate the proposed prosthesis. No other substantial comorbidities were present that would impact the use of a myoelectric powered prosthesis. It is noted that chronic sores at the scar lines of the residual limb developed with the use of the body powered prosthesis. The requested body the requested myoelectric prosthesis was denied by utilization review on 03/02/15 as the clinical information did not identify a current environment amenable to the use of myoelectric prosthesis.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient suffered a traumatic injury to the left elbow and forearm which necessitated a below the elbow amputation. The patient has been utilizing a mechanically powered prosthesis; however, this caused some difficulty with the residual limb in terms of wound and sore formation. The patient has been trained on the use of a myoelectric limb and has good cognitive ability and muscle signal to operate a myoelectric limb appropriately. The prior reviewer's concerns were that the patient would expose a myoelectric limb to adverse conditions that would affect its proficiency. The provided clinical documentation addressed these prior concerns indicating the patient had no plans to return to work in his previous occupation or expose

the myoelectric limb to adverse conditions. The clinical documentation clearly indicated that when the patient was exposed to adverse conditions he would utilize his mechanically powered prosthesis. As the prior reviewer's concerns have been addressed and the clinical documentation establishes the ability and understanding to use a myoelectric limb for function in normal conditions, it is this reviewer's opinion that medical necessity is established and the prior denials are overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)