



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 3/5/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of a wrist disarticulation molded socket.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic 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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a wrist disarticulation molded socket.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant had a drill collar fall onto his right hand. The injury ultimately resulted in an amputation. A prosthesis was fitted in 2013. On 1/14/15 there were no complaints reported, as was a normal stump including without swelling or erythema. It was noted the patient "needs new prosthetic RX." The patient was to follow up prn. Denial letters indicated the lack of evidence to support another disarticulation prosthesis.

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

Without documented abnormal subjective or objective findings; the request is not medically necessary. The referenced guideline criteria for a new prosthesis have not been met.

ODG Forearm/Wrist/Hand Chapter:

Recommended as indicated below. A prosthesis is a fabricated substitute for a missing body part. On-board microprocessor-controlled joints are making prosthetic arms easier to control by the user. Prognoses following amputation will certainly rise, factoring into the surgeon's decision to attempt to save a limb versus perform an amputation. Recently, there have been several new multi-articulating prosthetic hands that have come to market, with multiple motors to control different fingers and hand positions. All of them have several pre-programmed hand positions that the user can select from such as: finger point, lateral key pinch, power grasp, mouse click, precision pinch, opposition, and wrist flexion and extension. Once the hand position is selected, using myoelectric signals or switches, the user can use myoelectric signals to control the opening and closing of the hand with the particular hand position selected. Multi-articulating hands include: the Michelangelo from Otto Bock, iLimb-Pulse from Touch Bionics, and BeBionic V2 from Steeper. (Harvey, 2012) The FDA approved the first prosthetic arm that can perform multiple simultaneous powered movements using electrical signals from electromyogram (EMG) electrodes. EMG electrodes in the DEKA Arm System convert electrical signals from the contraction of muscles close to the prosthesis into up to 10 powered movements. (FDA, 2014) See also Amputation (surgery); Hand transplantation; I-Limb® (bionic hand); Myoelectric upper extremity (hand and/or arm) prosthesis; & 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- 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)**