

**US Decisions Inc.**  
***Notice of Independent Review Decision***  
**US Decisions Inc.**  
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***Notice of Independent Review Decision***

**IRO REVIEWER REPORT**

**Date: X**

**IRO CASE #: X**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X.**

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

**REVIEW OUTCOME:**

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

- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)
- 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.

## US Decisions Inc.

### *Notice of Independent Review Decision*

#### **INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X**

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who was injured on X. The mechanism of injury was not provided in the available medical records. The diagnosis was complete traumatic amputation at level between elbow and wrist, left arm. Per a Physician Order, Prescription, and Statement of Medical Necessity by X, MD, dated X, X was diagnosed with complete traumatic amputation at level between elbow and wrist, left arm, subsequent encounter. X prognosis was good. Duration of treatment would be lifetime. X was prescribed X. Dr. X noted that X had been a very consistent user of X, X was working on procuring gainful employment and required a X. The prescribed X provided proportionally controlled grip force and wrist rotation within the largest available range of motion. It was medically necessary so that X was not without a X when X primary device was not working properly, requiring manufacturer repairs. Repairs as needed to maintain the function of the X. Per a written request for authorization dated X, completed by X, CP, Clinical Manager, X. LLC, it was noted, "X is a patient of X, LLC. X is a X who presents with a X. X contacted our office recently to discuss prosthetic needs. X has been a long time wearer of X. X most current X is a X. X relies on X for function in all daily living activities. X is actively participating in job training with X and plans to obtain X. X is hoping to gain employment in the near future. That being said, due to the heavy-duty nature of ADLs, IADLs and future work activities, X is concerned about being without a X when X current one requires manufacturer repairs and servicing. Provision of X is necessary so that X is able to maintain X function in X work place should X current device malfunction time consuming requiring repairs. The X will require a X. The existing terminal devices will be used on X. Use of the X as indicated also serves to extend the life of the X and reduces the incidence of costly maintenance. X is motivated to improve X function in X home, work and community. X is very engaged and proactively wants to insure X has a back up device when X primary device needs repairs that can leave X without a X for many days. X is concerned about having a delay X vocational training and eventual work time, when repairs are required. X has discussed the need for X, with Dr. X. Dr. X is in agreement that this is a

## US Decisions Inc.

### *Notice of Independent Review Decision*

necessary addition.” Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the following requested services were denied: X. Rationale: “The claimant is status post X. The claimant has been supplied a X. There is evidence of the claimant having a X. The condition of the current X is not documented. There is no report of any issues with the current X. It is not clear that the claimant’s current situation warrants a X that apparently will see little use. Recommend non-certification. “A written request for appeal letter dated X, was completed by X, CP, Clinical Manager, X. LLC, stating, “The purpose of this letter is to appeal the denial by CCMSI of the X request for X. X presents with a X. Our request for a X was denied due to there being no report of any issues with the current X that was supplied in X. Per the denial, “It is not clear that the claimant’s current situation warrants a X that apparently will see little use.” X is actively pursuing employment; however, when X does obtain a job, X will be putting a lot more strain on the X. X will be wearing it for longer periods causing faster wear and tear of the X. This will result in the X requiring manufacturer repairs and servicing more often than it currently requires. X is extremely motivated to return to the workforce. X has grave concerns, however, that X could end up losing X job if X is left without X prosthesis when it requires manufacturer repairs and/or servicing. Provision of a X will ensure that X will always have a functional X, allowing bimanual function in whatever job X secures. Use of the X as indicated also serves to extend the life of the X and reduces the incidence of costly maintenance. We ask that you reconsider the determination in this case, due to it being imperative that X have a X to maintain function in X ADLs, IADLs, and future work tasks.” Per a reconsideration review adverse determination letter dated X by X, MD, the following requested services were denied: X. Rationale: “There is limited evidence that the current X is not working well to warrant the need for X. The documentation does not provide a reason why this X is no longer appropriate or that it is damaged. There is no evidence that the claimant would not be able to do a specific job-related task with the current X” Thoroughly reviewed provided records including peer reviews. While patient is benefitting from the use of a X, there is no valid indication for a backup or X. It is not standard of care for patient’s to have X for the same limb. Backup X are sometimes used - these can be either a X, for example. However, having X does not appear warranted. A X is also not necessary for driving, where a X can be

## US Decisions Inc.

### *Notice of Independent Review Decision*

utilized. X is not medically necessary and non certified

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

Thoroughly reviewed provided records including peer reviews. While patient is benefitting from the use of a X, there is no valid indication for a backup or second X. It is not standard of care for patient's to have X. X are sometimes used - these can be either a X, for example. However, having X does not appear warranted. A X is also not necessary for driving, where a X. X is not medically necessary and non certified

Upheld

**US Decisions Inc.**

***Notice of Independent Review Decision***

**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
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)