

Case Number:	CM13-0014880		
Date Assigned:	12/11/2013	Date of Injury:	12/16/2012
Decision Date:	02/07/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 58-year-old gentleman who was injured in a work related accident on December 16, 2012. The clinical records include a supplemental report from [REDACTED] dated October 15, 2013 which stated that the claimant was 9 ½ months following open reduction internal fixation to a displaced spiral fracture of the right fifth metatarsal. It states the claimant continued to be symptomatic, unable to perform activities without pain. Physical examination showed the right foot to have tenderness at the fifth metatarsal with no other findings noted. Radiographs revealed "postoperative changes." Hardware removal was recommended for further definitive care. Further records do not indicate other imaging other than radiographs from June 20, 2013 that stated a healed fracture at the right fifth metatarsal.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

hardware removal of the right foot 5th metatarsal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS Guidelines are silent on this issue. When looking at the Official Disability Guidelines, hardware removal for the right foot would not be indicated. Records in this case do not indicate broken hardware, malunion, or further processes which would warrant the acute need of hardware removal. The claimant's imaging for review demonstrates a well healed fracture. The lack of clinical correlation between the claimant's hardware with no indication of malfunction of the hardware would fail to necessitate its acute removal. Therefore, the request is non-certified.

two week rental of crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.