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| Case Number: | CM13-0059419 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 12/31/2012 |
| Decision Date: | 05/19/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 49-year-old gentleman who was injured in a work related accident on 12/31/12. The clinical records provided for review include a 10/09/13 follow up report documenting ongoing complaints of pain in the left knee. Examination showed diminished strength at 4+/5 in the quadriceps and hamstrings with tenderness over the tibial tubercle, equal and symmetric deep tendon reflexes but no other significant findings. The claimant was documented to be status post ACL reconstruction in 1994 with pretibial bursitis at the area of his left proximal tibial hardware noted to be a Bio fixed screw. No further physical examination findings were noted. The report of a 01/25/13 radiograph of the left knee demonstrated screws to be "appropriately positioned" with no acute findings noted. At present, there is a request for hardware removal with concordant removal of ectopic ossification in the area of the prior ACL reconstruction of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXCISION OF ECTOPIC OSSIFICATION/SCAR OF THE LEFT PROXIMAL TIBIA, REMOVAL OF THE SCREW IN THE LEFT PROXIMAL TIBIA, AND REPAIR/EXCISE TISSUES AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure Hardware implant removal (fracture fixation).

Decision rationale: The CA MTUS and ACOEM Guidelines do not address this procedure. When looking at Official Disability Guidelines, the proposed hardware fixation removal with concordant tissue and ectopic ossification excision cannot be recommended as medically necessary. The documentation of the claimant's clinical presentation fails to identify the hardware as the major source of his current discomfort. Imaging report available for review shows well maintained and well positioned hardware dating back to the time of surgical process in 1994. Therefore, the request for removal of hardware in this apparently well fixed ACL reconstruction would not be indicated at this stage in the claimant's course of care.

PREOPERATIVE EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure: Preoperative electrocardiogram (ECG).

Decision rationale: The proposed hardware fixation removal with concordant tissue and ectopic ossification excision cannot be recommended as medically necessary. Therefore, the request for preoperative EKG testing is not medically necessary.

PREOP CHEST X-RAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure: Preoperative testing, general

Decision rationale: The proposed hardware fixation removal with concordant tissue and ectopic ossification excision cannot be recommended as medically necessary. Therefore, the request for preoperative chest x-ray is not medically necessary

PREOP CBC TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure: Preoperative lab testing.

Decision rationale: The proposed hardware fixation removal with concordant tissue and ectopic ossification excision cannot be recommended as medically necessary. Therefore, the request for preoperative CBC testing is not medically necessary.

PREOP UA TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure.

Decision rationale: The proposed hardware fixation removal with concordant tissue and ectopic ossification excision cannot be recommended as medically necessary. Therefore, the request for preoperative urinalysis testing is not medically necessary.

PREOP BMP TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure

Decision rationale: The proposed hardware fixation removal with concordant tissue and ectopic ossification excision cannot be recommended as medically necessary. Therefore, the request for preoperative BMP testing is not necessary.

MOBILEGS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Venous thrombosis

Decision rationale: The proposed hardware fixation removal with concordant tissue and ectopic ossification excision cannot be recommended as medically necessary. Therefore, the request for Mobilegs compression devices is not necessary

COMPRESSION THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 (ODG) Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure - Venous thrombosis.

Decision rationale: The proposed hardware fixation removal with concordant tissue and ectopic ossification excision cannot be recommended as medically necessary. Therefore, the request for compression therapy following surgery is not necessary.

POSTOP OCCUPATIONAL THERAPY (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The proposed hardware fixation removal with concordant tissue and ectopic ossification excision cannot be recommended as medically necessary. Therefore, the request for postoperative physical therapy is not medically necessary.