

Case Number:	CM13-0061309		
Date Assigned:	12/30/2013	Date of Injury:	10/23/2005
Decision Date:	04/03/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/04/2013

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 Illinois. 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 patient is a 45-year-old injured worker who reported injury on 10/23/2005. The mechanism of injury was not provided. The patient was noted to have undergone a left knee high tibial osteotomy and partial knee replacement. It was indicated the patient received authorization for a total knee replacement, but has hardware that was retained for the left knee which needs to be removed and the wound was noted to have to be healed to perform a total knee replacement. The patient's diagnosis is pain in joint. The request was made for hardware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee hardware removal: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Hardware Removal

Decision rationale: The Official Disability Guidelines (ODG) does not recommend the routine removal of hardware implanted for fracture fixation except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and non-union. The clinical

documentation submitted for review indicated that the patient needed retained hardware removed and the wound had to be healed well to perform a total knee replacement. However, there was lack of documentation indicating clear rationale as to why the hardware could not be removed at the same time the knee replacement was performed. The request for left knee hardware removal is not medically necessary and appropriate.