

Case Number:	CM13-0065049		
Date Assigned:	01/15/2014	Date of Injury:	09/28/2011
Decision Date:	06/19/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

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 has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 injured worker reported an injury on 09/28/2011. The mechanism of injury was a fall. The injured worker stepped in a pothole, twisted her right ankle, and fell onto her knees and then onto her buttocks. The injured worker underwent L5-S1 lumbar surgery. There was no DWC Form, RFA, or PR-2 submitted for the requested procedure. The notes received related to the bilateral knee issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMOVAL OF HARDWARE AT L5-S1 WITH POSSIBLE GRAFT ENHANCEMENT AND/OR REFUSION OR REVISION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) LOW BACK CHAPTER, HARDWARE REMOVAL

Decision rationale: The Official Disability Guidelines indicate that hardware implantation and removal is not recommended except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. The clinical documentation submitted

for review related to the knee. There was a lack of documentation of a DWC Form, RFA, or a PR-2 to support the request. There were no MRI or x-ray findings to support the request. There was a lack of documentation indicating that the injured worker had other causes ruled out such as infection and nonunion. Given the above, the request for removal of hardware at L5-S1 with possible graft enhancement and/or refusion or revision is not medically necessary and appropriate.

TWO DAY HOSPITAL STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12,

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

Decision rationale: AS THE REQUESTED SURGICAL INTERVENTION IS NOT SUPPORTED BY THE DOCUMENTATION, THE REQUESTED ANCILLARY SERVICE IS ALSO NOT SUPPORTED.

POSTOP REGISTER NURSE EVALUATION HOME VISIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12,

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

Decision rationale: AS THE REQUESTED SURGICAL INTERVENTION IS NOT SUPPORTED BY THE DOCUMENTATION, THE REQUESTED ANCILLARY SERVICE IS ALSO NOT SUPPORTED.