

Case Number:	CM13-0066704		
Date Assigned:	01/08/2014	Date of Injury:	09/10/2010
Decision Date:	05/07/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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:

Claimant is a 58-year-old female who suffered an injury to her left knee when she twisted it at work on 09/02/10. The records reflect that she has undergone a series of surgeries on her left knee including a most recent high tibial osteotomy, which was done approximately one year earlier. The request is to determine the medical necessity of the requested surgery including hardware removal, postoperative physical therapy and cold therapy unit. The most recent records include a qualified medical evaluator from a November of 2013. Within that evaluation, the qualified medical examiner did not recommend further surgery at this point in time. An update primary treating physician's progress report from November of 2013 also reveals physical examination findings including no tenderness to palpation, no effusion, and range of motion from 0 to 125.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY HARDWARE REMOVAL, LEFT KNEE: 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).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines do not specifically address the indications for hardware removal. Official Disability Guidelines, however, point out that hardware removal is not recommended routinely unless there is evidence of hardware failure or documented hardware pain. The records in this particular case fail to demonstrate any conclusive evidence that this patient's ongoing symptomatology would be a related to her indwelling hardware, and as such, there is no conclusive evidence that its removal would benefit the patient in this particular case. Based on the fact that the Official Disability Guidelines do not routinely recommend its removal and there is no compelling indications documented within the records provided, the request for hardware removal would not be considered reasonable and medically necessary.

TWELVE POST-OP PHYSICAL THERAPY VISITS:

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

CRYOTHERAPY UNIT RENTAL FOR SEVEN DAYS: 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).

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