

<b>Case Number:</b>	CM14-0006822		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/16/2007
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 patient is a 66-year-old male who has filed a claim for closed fracture of the metatarsal bone associated with an industrial injury date of November 16, 2007. A review of progress notes pain of the right forefoot, mid-foot, and hind-foot with pain upon stress on the peroneal tendons. Findings include tenderness of the right foot with normal range of motion. The patient also experiences low back pain radiating to the right lower extremity with difficulty sleeping. X-ray of the right foot performed in December 02, 2013 showed healed fractures of the 2nd and 3rd metatarsus of the right foot. The treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), opioids, gabapentin, topical analgesics, and injection of the hardware with anesthetic, which provided minimal help. The patient had right foot surgery in 2010. A utilization review from December 23, 2013 denied the request for removal of hardware of 2nd and 3rd metatarsals as there is no physical examination that supports that the hardware is painful, or nonunion of fracture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REMOVAL OF HARDWARE SECOND AND THIRD 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 (ODG), Ankle and Foot chapter, Hardware implant removal.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot chapter, Hardware implant removal (fracture fixation).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, hardware implant removal is not routinely recommended for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. It is not recommended solely to protect against allergy, carcinogenesis, or metal detection. Implant removal may lead to complications such as neurovascular injury, re-fracture, or recurrence of the deformity. In this case, there was no documentation supporting the cause of the right foot pain as the implanted hardware, or evidence of broken hardware. Description of pain was upon stress of peroneal tendons. Description of tenderness did not specify the location. Furthermore, clinical notes describe local injection of the hardware with anesthetic, which provided minimal help. Therefore, the request for removal of hardware of second and third metatarsal is not medically necessary per ODG guideline recommendations.