

<b>Case Number:</b>	CM14-0108112		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Pennsylvania. 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 33-year-old injured in a work related accident on 01/21/13. The clinical records provided for review include the 06/25/14 progress report noting continued complaints of pain in the right ankle. Objective findings were handwritten and difficult to read. The report documents a request for removal of fixation of the right ankle under fluoroscopic guidance. The previous assessment of 03/05/14 documented that the claimant was status post open reduction and internal fixation of a right ankle non-union with continued symptomatic complaints about the right ankle. Physical examination findings on that date showed improved range of motion with diffuse pain complaints, and no documentation of painful hardware. The report documented that the hardware needed to be removed due to the fact that the ankle was now completely healed and the claimant had continued complaints. There is no documentation of broken hardware or ruling out other causes of chronic pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal Fixation of the Right Ankle and Fluoroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle Chapter.

**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: ankle procedure -Hardware implant removal (fracture fixation).

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. Based on Official Disability Guidelines, surgical removal of hardware of the ankle under fluoroscopy cannot be recommended as medically necessary. The documentation indicates that the claimant has continued pain complaints. There is no documentation that identifies that the claimant's hardware is the source of her continued symptoms. There is no indication of malpositioned hardware or broken hardware. Without formal demonstration of the claimant's hardware as the source of continued pain and discomfort, the request for removal based on this individual's diffuse clinical examination findings would not be supported. The request is not medically necessary.