

Case Number:	CM14-0014575		
Date Assigned:	02/28/2014	Date of Injury:	09/20/2008
Decision Date:	07/16/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/05/2014

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 injured worker is a 46 year old female with reported date of injury 9/20/08. The claimant sustained acute injury to the ankle and is status post ankle open reduction and internal fixation. Exam notes dated 11/15/14 demonstrate improvement in ankle range of motion and no pertinent objective findings. A request was made to remove ankle hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT: REMOVAL OF ANKLE LATERAL PLATE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Hardware implant removal.

Decision rationale: The California MTUS is silent on the issue of hardware removal. According to the ODG criteria, the routine removal of hardware implanted for fracture fixation 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. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. In this case, there is no evidence of broken hardware

or persistent pain in the exam note from 11/15/14 to warrant hardware removal. Therefore, the requested services are not medically necessary.