

Case Number:	CM14-0116763		
Date Assigned:	08/04/2014	Date of Injury:	02/14/2009
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/24/2014

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 Texa. 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 69-year-old male who reported an injury on 02/14/2009. The mechanism of injury was not provided for review. The injured worker ultimately underwent surgical intervention with implantation of hardware. The only clinical documentation submitted for review was a Letter of Appeal dated 07/22/2014. It was noted in this letter of appeal that the injured worker had persistent ongoing pain complaints over the implanted hardware. It was also noted that the injured worker had previously undergone a Computed Tomography (CT) scan that documented subcutaneous edema and skin thickening along the anterior pretibial and post medial calf soft tissue. It was noted that the injured worker's symptoms were correlative of symptomatic hardware. A request was made for hardware removal with associated ancillary services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of Tibial Plate with one day inpatient stay: 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-TWC), 18th Edition, 2013 Updates: Knee and Leg Chapter, Hardware implant removal and Hospital Length of Stay; Busam, 2006; Hanson, 2008; Cram, 2012.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hardware Removal.

Decision rationale: The requested removal of the tibial plate with 1 day inpatient stay is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address this request. Official Disability Guidelines recommends the removal of hardware due to persistent pain complaints after all other pain generators have been ruled out. There is no clinical documentation to support that infection has been ruled out as a pain generator. As indicated within the submitted documentation that the injured worker has weeping lesions over the implanted hardware other types of pain generators would need to be ruled out prior to removal of the hardware. As such, the requested removal of the tibial plate with 1 day inpatient stay is not medically necessary or appropriate.

Assistant Surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Knee and Leg Chapter, Hardware Removal.

Decision rationale: No guidelines were cited by the Claims Administrator. As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported and the request is considered not medically necessary.