

Case Number:	CM14-0129625		
Date Assigned:	08/20/2014	Date of Injury:	12/05/2012
Decision Date:	11/03/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/14/2014

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 Texas and Arkansas. 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 42-year-old male who reported an injury on 12/05/2012 due to an unknown mechanism of injury. The injured worker's treatment history included open reduction and internal fixation of a distal femoral shaft nonunion on 01/17/2014. The injured worker was treated postoperatively with physical therapy. The injured worker's most recent clinical evaluation was dated 06/09/2014. It was documented that the injured worker had no significant complaints of the left distal femur. The physical findings included a significant limp with tenderness to the right sacral region with limited strength and hip flexion bilaterally. It was noted that the injured worker had an imaging study that demonstrated significant sacral malunion of the right side with malunion of his left anterior pelvic ring at the pubic root. The injured worker's treatment plan included removal of hardware to proceed with stage 3 reconstruction of the pelvic malunion. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal hardware right trans sacral screw: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis (updated 03/25/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis Chapter, Hardware Removal

Decision rationale: The requested Removal hardware right trans sacral screw is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker will undergo a staged process that requires removal of the hardware to undergo a stage 3 reconstruction of the pelvic region. The Official Disability Guidelines do not recommend the routine removal of hardware. The clinical documentation submitted for review does not indicate that the second part of the procedure has been authorized or is scheduled. Therefore, the first part of the procedure with removal of hardware cannot be supported. As such, the requested Removal hardware right trans sacral screw is not medically necessary or appropriate.

Pre-op lab, chest x-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-op consultation and testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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