

<b>Case Number:</b>	CM14-0158726		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	12/10/2009
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2014

### 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:

This injured worker is a 52-year old gentleman who sustained a fracture of the right ankle on 12/10/09. The medical records provided for review documented that the injured worker required open reduction and internal fixation of the fracture. The report of clinical follow-up five (5) years later on 08/05/14, revealed continued complaints of pain over the lateral aspect of the right leg. Physical examination was documented as "unchanged" with tenderness over the fibula. There was no documentation of recent plain film radiographs or imaging. The recommendation was made for hardware removal given the injured worker's ongoing post-operative pain complaints at area of prior surgical fixation. There is no indication of recent post-operative imaging, treatment or further physical examination findings documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hardware Removal Right Ankle:** 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), Integrated Treatment/Disability Duration Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG): Ankle and Foot Chapter: Ankle procedure - Hardware implant removal (fracture fixation)

**Decision rationale:** Based on the California ACOEM Guidelines supported by Official Disability Guidelines (ODG), the request for hardware removal from the right ankle is not recommended as medically necessary. The ACOEM Guidelines recommend surgical referral when there is clear clinical and imaging evidence of a lesion has been shown to benefit in both the short and long term from surgical intervention. The Official Disability Guidelines recommend hardware removal in specific cases of broken hardware, persistent pain after ruling out other causes such as infection, and non-union. While the injured worker continues to be tender over the area of surgical fixation, there is no documentation of recent conservative care or clinical imaging to support the need for hardware removal from the ankle; therefore, this request is not medically necessary.