

Case Number:	CM14-0024187		
Date Assigned:	06/11/2014	Date of Injury:	08/17/2012
Decision Date:	07/31/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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 55-year-old male who reported an injury on 08/17/2012. The mechanism of injury was not provided for review. The injured worker underwent a closed reduction with internal fixation of the right ankle on 08/17/2012, followed by postoperative physical therapy. The injured worker was evaluated on 01/30/2014. It was noted that the injured worker underwent an x-ray that noted that there was evidence of an old plafond fracture of the right lower extremity. Physical findings included pain elicited with range of motion of ankle dorsiflexion and external rotation of the foot with decreased range of motion in dorsiflexion. The injured worker's diagnoses included a fracture of the ankle tibial plafond fracture in 08/2012. A request was made for a hardware removal followed by postoperative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAM BOOT: 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.

PHYSICAL THERAPY QTY: 18: 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.

RIGHT ANKLE HARDWARE REMOVAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Hardware Removal Section.

Decision rationale: The requested right ankle hardware removal is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend hardware removal for persistent pain generated by the hardware when all other pain generators have been effectively ruled out. The clinical documentation submitted for review does indicate that the injured worker has pain that is increased with weather changes. However, other pain generators, such as infection, were not addressed within the documentation. Therefore, a removal of hardware would not be supported in this clinical situation. As such, the requested right ankle hardware removal is not medically necessary or appropriate.