

Case Number:	CM14-0026894		
Date Assigned:	06/13/2014	Date of Injury:	08/10/2011
Decision Date:	11/19/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 63-year-old male who was injured on August 10, 2011. The patient continued to experience pain in his lumbar spine, right elbow, and left wrist. The patient's injury occurred when he fell at work with fracture dislocation of the right elbow, left wrist fracture, and injuries to neck and shoulders. Physical examination was notable for tenderness over the olecranon and radial head, decreased range of motion of the right elbow, and moderate swelling to the right elbow. Diagnoses included stable right radial head fracture. Treatment included medications, surgery, physical therapy, Requests for authorization for hardware removal of screws right elbow, pre-op medical clearance, and post-op physical therapy 3 times weekly for 4 weeks were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

HARDWARE REMOVAL OF SCREWS RIGHT ELBOW: 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), FOREARM, WRIST AND HAND

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist & hand Hardware implant removal (fracture fixation)

Decision rationale: Removal of hardware used for fracture fixation is not recommended routinely, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. It is not recommended solely to protect against allergy, carcinogenesis, or metal detection. Removal of hardware is recommended when fractures are not involved, the pins are stabilizing a joint while a ligament or tendon repair is healing and they must be removed so that the joint can resume function, for example, a pin in the DIP joint of a finger to stabilize while an extensor tendon is healing in place or in the wrist to stabilize carpal bones while a scapholunate or other ligament reconstruction is healing. Although hardware removal is commonly done, it should not be considered a routine procedure. The decision to remove hardware has significant economic implications, including the costs of the procedure as well as possible work time lost for postoperative recovery, and implant removal may be challenging and lead to complications, such as neurovascular injury, refracture, or recurrence of deformity. In this case there is no documentation to support that the patient's continued pain is caused by the hardware. Recent imaging studies of the right elbow are not available for review. The procedure also has risks of complications. Medical necessity has not been established. The request is not medically necessary.

PRE-OP MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE AMERICAN ACADEMY OF ORTHOPEDIC SURGEONS-AMERICAN ACADEMY OF ORTHOPEDIC SURGEONS, ORTHOPEDIC KNOWLEDGE UPDATE, OKU 9, JEFFREY S. FISCHGRUND, MD: EDITOR, CHAPTER 9 POSTOPERATIVE MEDICAL MANAGEMENT PAGE 10-113

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist & hand Hardware implant removal (fracture fixation)

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PHYSICAL THERAPY-POST OP THREE TIMES A WEEK FOR FOUR WEEKS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist & hand Hardware implant removal (fracture fixation)

Decision rationale: Removal of hardware used for fracture fixation is not recommended routinely, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. It is not recommended solely to protect against allergy, carcinogenesis, or metal detection. Removal of hardware is recommended when fractures are not involved, the pins are stabilizing a joint while a ligament or tendon repair is healing and they must be removed so that the joint can resume function, for example, a pin in the dip joint of a finger to stabilize while an extensor tendon is healing in place or in the wrist to stabilize carpal bones while a scapholunate or other ligament reconstruction is healing. Although hardware removal is commonly done, it should not be considered a routine procedure. The decision to remove hardware has significant economic implications, including the costs of the procedure as well as possible work time lost for postoperative recovery, and implant removal may be challenging and lead to complications, such as neurovascular injury, refracture, or recurrence of deformity. In this case the surgery is not recommended. The post-operative physical therapy is, therefore, not indicated. The request is not medically necessary.