

Case Number:	CM14-0027100		
Date Assigned:	06/20/2014	Date of Injury:	11/01/2002
Decision Date:	07/30/2014	UR Denial Date:	02/13/2014
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 Orthopaedic 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 54-year-old male iron worker sustained an industrial injury on 11/1/02. The injury occurred when a pry bar fell backward and struck him. He underwent left ankle open reduction and internal fixation. Subsequent surgeries included left knee loose body removal on 2/8/05, and arthroscopic chondroplasty, lateral retinacular release, and high tibial osteotomy on 2/8/06. Lab studies performed by the primary treating physician were negative for infection. The 1/30/14 orthopedic report indicated that the patient reported gradually increasing pain over the left knee hardware, aggravated by walking and kneeling. Pain was located directly over the hardware and he requested removal. Physical exam documented no limp with neutral lower extremity alignment. Left knee exam documented no effusion, 5-/5 quadriceps strength, and range of motion 0-130 degrees. There was patellofemoral crepitus and tenderness. Patellar compression and apprehension tests were negative. There was mild medial and lateral joint line tenderness. The knee was stable to varus and valgus stress. There was marked tenderness directly over the hardware in the medial metaphyseal area. Left knee X-rays demonstrated a healed high osteotomy with internal fixation. The diagnosis was painful left knee hardware, status post left high tibial osteotomy. The treatment plan recommended hardware removal and bone grafting. The 2/13/14 utilization review denied the request for hardware removal and bone grafting based on no documentation that a hardware block had been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left knee hardware removal (tibia) and bone graft: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatments in Workers Comp, 18th edition, 2013 updates: Knee and Leg Chapter; Ankle Chapter.

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, Hardware implant removal (fracture fixation).

Decision rationale: The Official Disability Guidelines do not recommend routine removal of implanted hardware, except in those cases of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Guideline criteria have been met. The patient has persistent pain directly over the left knee hardware, that is causing functional impairment in walking and kneeling. Laboratory testing found no evidence of infection. X-rays documented a healed high osteotomy with internal fixation. Therefore, this request is medically necessary.