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| <b>Case Number:</b>   | CM14-0040363 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 01/24/2013 |
| <b>Decision Date:</b> | 07/29/2014   | <b>UR Denial Date:</b>       | 03/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/07/2014 |

### 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 32-year-old female who reported an injury on 01/24/2013, due to a slip and fall that reportedly caused a fracture to her right ankle. The injured worker ultimately underwent open reduction and internal fixation on 01/28/2013. The injured worker underwent a second right ankle surgery on 06/7/2013, followed by postoperative physical therapy and the use of a bone growth stimulator. The injured worker was evaluated on 03/03/2014. It was documented that the injured worker had persistent right ankle pain. The physical findings included painful internal fixation interfering with the injured worker's ability of squatting and crouching. The injured worker's diagnoses included status post open reduction and internal fixation (ORIF) nonunion of the right ankle, status post ORIF of bimalleolar fracture of the right ankle, nonunion, fracture of the ankle and painful gait. The injured worker's treatment plan included removal of the painful internal fixation hardware with a postoperative MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of painful internal fixation of the right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Ankle & Foot Chapter).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Hardware Removal.

**Decision rationale:** The requested removal of painful internal fixation of the right ankle is not medically necessary or appropriate. The clinical documentation submitted for our review does indicate that the injured worker has persistent pain complaints involving the internally implanted hardware. However, The ODG recommends removal of hardware after all other pain generators including infection have been ruled out. There is no documentation that the injured worker has had all other pain generators ruled out and that the need for hardware removal is the injured worker's only treatment option. As such, the requested removal of painful internal fixation of the right ankle is not medically necessary or appropriate.

**Postoperative MRI of the right ankle:** Upheld

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

**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.