

Case Number:	CM14-0049681		
Date Assigned:	07/07/2014	Date of Injury:	10/23/2012
Decision Date:	08/11/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 is a 37 year old male claimant with an industrial injury reported 10/23/12. The claimant is status post with an intra-medullary rod placed in the left tibia on 11/10/12. Exam note 04/07/14 demonstrates patient returns to the office with a chief complaint of left leg pain that radiates to left ankle. The physical exam of 04/07/14 states that radiographic evidence for a comminuted fracture of the left tibia transfixed with an intra-medullary rod but no tenderness at the fracture sites. Radiograph from 1/29/14 demonstrates some healing of the fracture site. The progress note of 03/12/14 mentions patient needs the assistance of crutches, has undergone physical therapy, and current medications include Ferrous Sulfate, Flexeril, and Norco. Records indicate that 36 total sessions of physical therapy have been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) physical therapy sessions for left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & leg, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant has completed 36 visits which exceed the California MTUS Post Surgical Treatment recommendations of 30 visits of 12 weeks. There is insufficient

rationale in the records cited why the patient cannot be placed on a home program. In addition, there is lack of functional improvement with physical therapy already completed based upon the exam note from 3/12/14. Therefore, eighteen (18) physical therapy sessions for left lower extremity is not medically necessary.

Dynamization of the tibia with removal of proximal interlocking screw with fluoroscopy:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & leg, Hardware implant removal.

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: It is not recommended the routine removal of hardware implanted for fracture fixation, 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. In this case it is no evidence of serial radiographs demonstrating a nonunion and what type of nonunion is present. The radiographic report from 1/29/14 does not clearly demonstrate if a hypertrophic or atrophic nonunion is present. Therefore until a definitive diagnosis of the type of nonunion is present, the request dynamization of the tibia with removal of proximal interlocking screw with fluoroscopy is not medically necessary.