

Case Number:	CM14-0072336		
Date Assigned:	07/16/2014	Date of Injury:	02/28/2012
Decision Date:	08/27/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/19/2014

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 Texas. 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 63-year-old female who reported an injury on 02/28/2012. The mechanism of injury was not provided. The documentation indicated the injured worker had a left split depression tibial plateau fracture treated with an open reduction and internal fixation. The injured worker underwent an ACL reconstruction on the left knee joint on 09/09/2013. The documentation of 02/27/2014 revealed the injured worker had achy pain at the site of the retained plate over the anterior medial aspect of her right distal leg near the ankle joint level. The physical examination revealed mild venous discoloration of the bilateral legs. The injured worker had palpable hardware just below the skin line, seated on the anterior medial surface of the tibia. The left knee had a 2+ anterior drawer sign at 70 degrees of flexion, a pivot shift test of 1+, and a Lachman's sign that was negative. The injured worker had 2+ patellofemoral crepitus in her bilateral knees. The treatment plan included a removal of the retained hardware of the right distal tibia, which was giving significant pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient stay - two days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://careweb.careguidelines.com/ed18/index.html>.

Decision rationale: The California MTUS/ACOEM Guidelines and Official Disability Guidelines do not address the length of stay for a removal of an internal fixation device. Per Milliman Care Guidelines, the length of stay is ambulatory. There was a lack of documentation indicating a DWC form RFA or PR-2 support the necessity for an inpatient stay. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for an inpatient stay, 2 days, is not medically necessary.