

<b>Case Number:</b>	CM14-0084487		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/17/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Surgeon, 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 37-year-old female who reported an injury on 05/17/2010. The mechanism of injury was a twist and fall of the left ankle and right toe. The diagnosis included strain/sprain left ankle, cause of injury fall on same level, slipping, tripping, or stumbling, contusion of right toe. Prior treatments included medications, an elastic compression brace on the ankle, and CoBand on the right great toe. Medications included Tramadol and Motrin. Other treatments include surgical intervention. The documentation of 03/27/2014 revealed the injured worker had a painful right first MTP joint. On physical examination, there was tenderness to palpation of the dorsal medial scar and there was prominence, which the physician opined was probably a screw head. The physician opined that that area seemed to be the area of maximum tenderness but the whole length of the scar was tender. The injured worker was injected with Dexamethasone Acetate and Marcaine. The subsequent documentation dated 05/20/2014 revealed the injured worker had X-rays on 03/04/2014, which showed the hardware and that the first metatarsal was healed and there was no evidence of a nonunion. Additionally, the physician documented that at no time had his notes indicated that there was cellulitis, abscess formation, or bone erosions to suggest osteomyelitis. The physician indicated that this letter was written in clarification of the injured worker's conditions and the circumstances under which the authorization was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of Support Implant, Right Ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Routine removal of hardware implanted for fracture.

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

**Decision rationale:** The Official Disability Guidelines indicate that hardware implant removal is not recommended except in cases of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. The clinical documentation submitted for review indicated that the injured worker met the above criteria. The injured worker had continued persistent pain and other causes of pain had been ruled out including infection and nonunion. The request for the removal of hardware in the toe would be supported. However, the request as submitted was for the removal of support implant right ankle. As such, the request is non-supported. Given the above, the request for removal of support implant, right ankle is not medically necessary.