

Case Number:	CM14-0098809		
Date Assigned:	07/28/2014	Date of Injury:	09/27/2012
Decision Date:	12/31/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/27/2014

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:

Claimant was reported initial injury of September 27, 2012 after milk and crates fell on the right side causing a fall with a right femur fracture. The patient is status post intramedullary nailing of the right femur. Exam May 14, 2014 demonstrates that right femoral rod is reported from preventing a total arthroplasty. Examining the right hip reveals 70 of flexion and 10 of extension with 20 of external/internal rotation. Right demonstrates severe crepitation with range of motion. Plan is removal of right rod from the hip and femur and physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware removal right femur: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of hardware removal. According to the ODG Knee and Leg, Hardware implant removal, "Not recommend 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. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure." There is insufficient evidence to support hardware removal in this case from the cited clinical documentation from 5/14/14. There is no evidence of broken hardware, or conservative care failing leading to persistent pain. Therefore the request is not medically necessary.