

Case Number:	CM14-0147296		
Date Assigned:	09/15/2014	Date of Injury:	10/06/2012
Decision Date:	01/07/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/10/2014

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:

This is a 26-year-old male who suffered a work related injury involving his left hand and left knee on 10/06/2012. He has diagnoses of chondromalacia patellae left knee, status post open reduction and internal fixation of left tibial plateau, arthrofibrosis of the left wrist, status post open reduction internal fixation of the left fourth and fifth metacarpals. Progress notes by the physician dated 4/3/2014, 5/15/2014, 6/25/2014, and 07/25/2014 documents continued pain in the left knee of 5-6 out of 10, which is intermittent, achy, sharp, with spasms into the thigh, and down in his calf. At times, the knee feels it will "give out", gait is ataxic. X-rays dated 5/12/2014 revealed old fracture with residual deformity involving the proximal tibia, status post open reduction internal fixation of proximal tibial fracture with hard ware placement, mild osteoarthritis, chondrocalcinosis and old fracture with residual deformity involving the inferior portion of the patella. An operative report dated 10/10/2012 reveals a titanium 4-hole plate was placed over the lateral plateau. On 7/25/2014, there was approximately 10 to 15 degrees less flexion in the left knee compared to the right side. There was exquisite tenderness over the plate. There is wide keloid-type scar, inch, on the lateral aspect of the tibia extending up toward the knee and a second scar more proximally. The request for authorization dated 07/25/2014 was for possible arthrotomy with synovectomy of the left knee, removal of deep plated screw left tibia, left fasciotomy left leg, laboratory studies which include CBC, Chem 12, PT/PTT and urinalysis, pulmonary function test, post-operative DME-Interferential Unit plus supplies, micro-cool machine, crutches, post-operative home exercise kit, motorized compression pump and stockings, post-operative physiotherapy 2 x 6 sessions, and post-operative acupuncture for the left knee. Utilization review dated 8/22/2014 did not certify possible arthrotomy with synovectomy of the left knee, removal of deep plated screw left tibia, left fasciotomy. There were no x ray findings to provide documentation of hardware complications. The guidelines do

not recommend routine hardware removal without clear indications. There was no conservative care documented for the reported keloid scar. The following requests were not applicable because the requested procedure was not authorized-laboratory studies which included CBC, Chem 12, PT/PTT and urinalysis, pulmonary function test, post-operative DME-Interferential Unit plus supplies, micro-cool machine, crutches, post-operative home exercise kit, motorized compression pump and stockings, post-operative physiotherapy 2 x 6 sessions, and post-operative acupuncture for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible Arthrotomy with Synovectomy of the left Knee, Removal Deep Plate Screw Left Tibia, Left Fasciotomy Left Leg: 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: The California MTUS/ACOEM Guidelines are silent on the issue of hardware removal. According to the Official Disability Guidelines hardware implant removal, is 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 7/25/14. There is no evidence of broken hardware, or conservative care failing, leading to persistent pain. Therefore, the request is not medically necessary.

CBC: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Chem 12 lab: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

PT/PTT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Urinalysis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pulmonary Function Test: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-Operative IF Unit and Supplies: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Micro Cool Machine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-Operative Crutches: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-Operative Home Exercise Kit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-Operative Motorized Compression Pump and Stockings: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-Operative Physiotherapy (12-sessions, 2 times a week for 6 weeks, for the left leg):
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-Operative Acupuncture (12-sessions, 2 times a week for 6 weeks, for the left leg):
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.