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| Case Number: | CM14-0189926 | | |
| Date Assigned: | 11/21/2014 | Date of Injury: | 02/06/2014 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/13/2014 |

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 New York. 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 patient has a date of injury of February 6, 2014. The patient complains of left lower leg pain. On physical examination the patient has no documented tenderness over the peroneal nerve. There is tenderness to palpation of the distal tibia and posterior lower leg. Motor testing shows slight weakness of the EHL. The patient walks with a limp. The patient is diagnosed with a compound fracture of the left tibia and residual weakness of the left foot. The patient had surgery for fracture fixation. X-ray the lower extremity from September 2014 shows good healing of the fracture. There is radiolucency around the screw. The patient has had physical therapy and use a cane for ambulation. At issue is whether surgery for removal of the proximal and distal interlocking screws and the tibia implant a medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of proximal and distal interlocking screws for the left tibia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter

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: ODG foot and ankle chapter

Decision rationale: This patient does not meet criteria for hardware implant removal at this time. ODG guidelines do not recommend a routine removal of hardware for implanted fracture fixation except in cases of broken hardware persistent pain. This should only be done after ruling out other causes of pain just as infection and nonunion. In this case requested removal of proximal and distal locking screws is not supported by documentation the medical records. There is no documentation of nonunion there is no documentation of hardware breakage. Therefore, removal of both proximal and distal screws is not medically necessary.