

Case Number:	CM14-0198542		
Date Assigned:	12/08/2014	Date of Injury:	07/14/2011
Decision Date:	02/13/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/25/2014

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:

According to the records made available for review, this is a 54-year-old female with a 7/14/11 date of injury. At the time (10/7/14) of the request for authorization for removal of hardware left ankle, associated surgical service: Sprix nasal spray, and associated surgical service: post-op physical therapy 2 x 4, there is documentation of subjective (persistent left ankle pain affecting her activities of daily living and her job performance) and objective (mild swelling, tenderness about the talofibular ligament, dorsiflexion to 10 degrees, plantar flexion to 40 degrees, and a well-healed surgical scar consistent with the previous open reduction and internal fixation) findings, imaging findings (X-rays revealed well-healed fracture of the distal fibula with an internal fixation in place, no loosening of the components), current diagnoses (left ankle fracture, status post open reduction and internal fixation 7/9/12), and treatment to date (medication and therapy). There is no documentation of persistent pain attributable to the hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware left ankle: Upheld

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

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, Hardware implant removal (fracture fixation).

Decision rationale: MTUS does not address the issue. ODG identifies documentation of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion, as criteria necessary to support the medical necessity of hardware removal. Within the medical information available for review, there is documentation of diagnoses of left ankle fracture, status post open reduction and internal fixation 7/9/12. However, despite documentation of persistent left ankle pain affecting her activities of daily living and her job performance, there is no documentation of persistent pain attributable to the hardware. Therefore, based on guidelines and a review of the evidence, the request for removal of hardware left ankle is not medically necessary.

Associated surgical service: Sprix nasal spray: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Post-op physical therapy 2 x 4: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.