

Case Number:	CM15-0106147		
Date Assigned:	06/10/2015	Date of Injury:	02/12/2015
Decision Date:	07/13/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 28 year old male with an industrial injury date of 02/12/2015. His diagnoses/assessment included dislocation of tarsal joint, open; crushing injury of foot, left. Prior treatment included open reduction and internal fixation of medial cuneiform, left foot and open reduction and internal fixation of Lis franc dislocation, left. He presents 2 ½ months status post open reduction internal fixation of his medial cuneiform and Lis franc fracture/dislocation. He was walking with the assistance of the tibial walking boot and a single crutch. He was still having some pain in the foot. The provider documents x-rays show hardware in place with no sign of significant loosening. The forefoot is in a near anatomic position on the mid foot. Physical exam 5/11/15 of the lower extremity exam shows palpable pedal pulses, brisk capillary refill, and sensation intact to light touch throughout the ankles, feet and toes. There was good range of motion of the ankle. The provider documents discussion of the risks, benefits and alternatives to hardware removal. The treatment plan and request is for removal of hardware, left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware, left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Hardware implant removal (fracture fixation).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle and Foot, Hardware implant removal.

Decision rationale: According to the ODG Ankle and Foot, 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." There is insufficient evidence to support hardware removal in this case from the cited clinical documentation from 5/11/15. Therefore, the determination is for not medically necessary.