

Case Number:	CM15-0013481		
Date Assigned:	03/09/2015	Date of Injury:	09/22/2012
Decision Date:	05/08/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/22/2015

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, Sports Medicine

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 56-year-old male who reported injury on 09/22/2012. The mechanism of injury was the injured worker was struck by a heavy object and was pinned to the floor. The injured worker underwent an open reduction and internal fixation of the distal tibia/fibula fracture. The injured worker underwent x-rays on 01/07/2013, which reportedly showed the tibial fracture healing in good alignment. There were reported findings of nondisplaced intra-articular calcaneus fracture and a healing nondisplaced tibial plateau fracture. The CT scan on 10/30/2012 revealed lateral tibial plateau fracture with no reported displacement of the fracture. The injured worker underwent physical therapy. The injured worker underwent an MRI of the left knee on 08/07/2013, which revealed a small joint effusion and a Hoffa's fat pad. There was noted to be a small bone island in the anterior aspect of the medial femoral epiphysis, lateral aspect of the medial tibial epiphysis, and in the medial aspect of the lateral femoral diaphyseal region. There were marginal osteophytes at the medial femoral condyle and the medial tibial plateau. The injured worker was noted to have an intramedullary metallic hardware, and there was noted to be recommendation for correlation with surgical history. The documentation of 11/14/2014 revealed the injured worker had constant left knee pain with giving way and frequent pain. The request was made for an orthopedic surgeon regarding a left tibial intramedullary rod. The documentation indicated that there would be a consideration for proceeding with a left knee ALS surgery post discussion regarding left tibial intramedullary rod. The documentation of 12/15/2014 revealed the injured worker was scheduled for removal of the fixation of the left ankle. The injured worker was noted to be ambulating at a full weight bearing status. No x-rays

have been done to assess the possible nonunion. There was noted to be hypersensitivity and partial loss of sensation at the surgical site. Deep tendon reflexes for the Achilles and patellar tendons were 2+/4 bilaterally. The injured worker demonstrated less symptoms of the left ankle overall. The documentation indicated the physician opined the injured worker had symptoms because of internal fixation, which continued to cause pain. There was no improvement. The physician opined the injured worker necessitated continuation of progressive treatment regarding this area specifically. The diagnoses included status post open reduction and internal fixation of the left tibia fracture with malaligned fibula with impingement of the ankle joint, degenerative joint disease of the ankle, calcaneal fracture, nonunion of the left ankle, and painful gait. The treatment plan included the pain continued in the internal fixation, which continued to protrude in the tibia. Again, the removal of the internal fixation was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of internal fixation and redo of open reduction internal fixation of the left tibia:
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), Hardware implant removal (fracture fixation), Open reduction internal fixation (ORIF).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg Chapter, Hardware implant removal (fracture fixation), Open reduction internal fixation (ORIF).

Decision rationale: The Official Disability Guidelines indicate that hardware removal is recommended for broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. Additionally, they indicate that an open reduction and internal fixation is recommended as an option for fractures when radiographic evidence indicates a displaced fracture or comminuted fracture, or an open fracture with bone protrusion. The clinical documentation submitted for review indicated the injured worker had an MRI. The injured worker was noted to undergo x-rays. The injured worker, per the MRI, was noted to have a marginal osteophyte at the lateral femoral condyle and lateral tibial plateau. There was noted to be intramedullary metallic hardware in the imaged proximal tibial diaphysis. There was a lack of radiologic evidence indicating the injured worker had malalignment and had a lack of documentation of nonunion. Given the above and lack of documentation, the request for Removal of internal fixation and redo of open reduction internal fixation of the left tibia is not medically necessary.

Post operative physical therapy, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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: Hot/Cold therapy unit: 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, Continuous-flow Cryotherapy.

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: Knee walker: 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, Rolling walker.

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: CAM Walker: 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, cast (Immobilization).

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: IF unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

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: Shower boot: 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), Knee & Leg Chapter, Durable Medical Equipment (DME).

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.