

Case Number:	CM15-0017947		
Date Assigned:	02/05/2015	Date of Injury:	04/10/2014
Decision Date:	04/16/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/30/2015

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: Illinois, California, Texas
 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 57-year-old female, who sustained an industrial injury on 4/10/14. Injury occurred when she squatted to go under a conveyor and slipped and injured her left knee. She underwent open reduction and internal fixation of a left tibial plateau fracture on 4/22/14. Conservative treatment included 32 post-op physical therapy sessions, TENS unit, pool exercise, daily stretching exercise, oral and topical medications, and cane use. The 8/29/14 left knee x-rays indicated that the bones were demineralized. The fracture showed satisfactory progress and the fixation screws were intact. The 12/15/14 treating physician report cited intermittent deep ache and pain in the left knee. She was making slow progress. There was left knee and lower leg swelling with weight bearing. She was using a cane when outside her home. She was using a home TENS unit, pool exercise, and daily stretching. She reported left knee weakness and instability after prolonged walking and standing. Physical exam documented mild medial and lateral joint line tenderness and soft tissue swelling. Screw heads were not easily palpated but tender. There was mild peripatellar edema and crepitus. Range of motion was 0-120 degrees with 4+/5 knee strength. The 8/29/14 x-ray findings were reported. The treatment plan included hardware removal and arthroscopy. The 1/12/15 utilization review non-certified the request for hardware removal as there was no clear imaging documentation that the fracture was completely healed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left scope/hardware body part: left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 19th edition; Diagnostic arthroscopy; Indications for Surgery; Knee and Leg Hardware Implant removal (Fracture Fixation).

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 (fracture fixation).

Decision rationale: The California MTUS do not address hardware removal. The Official Disability Guidelines do 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. Guideline criteria have not been met. This patient underwent open reduction and internal fixation of a tibial plateau fracture on 4/22/14. The only x-rays documented in the file are dated 8/29/14 and indicate that bones are mineralized and there is satisfactory progress. There are no x-rays evidencing a healed fracture. There are significant on-going difficulties reported in weight bearing activities with knee swelling, weakness and instability. There is no documentation that other causes of pain, including infection and non-union, have not been ruled out. Therefore, this request is not medically necessary.