

Case Number:	CM15-0139320		
Date Assigned:	07/29/2015	Date of Injury:	04/04/2014
Decision Date:	08/26/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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, Oregon, Washington
 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 50 year old male who sustained an industrial injury on 4-4-14. Diagnoses are open fracture of shaft of fibula with tibia and complication due to internal orthopedic device. In an office visit note dated 4-14-15, the physician reports the injured worker states the symptoms are currently mild. The pain is described as aching and is relieved by rest. He notes his pain has decreased somewhat. He cannot exercise as fully as he did prior to the injury but he can exercise moderately. In an office visit note dated 6-5-15, the treating physician reports the injured worker is seen for follow up of a right ankle fracture on the right side. He is status post open reduction and internal fixation of the tibia. He would like to discuss hardware removal as he notes some hardware related pain. The requested treatment is tibia removal of support implant-right, associated service; assistant surgeon, and physical therapy-12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tibia removal of support implant, right: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation JAAOS Vol 14 (2); Feb 2006, p.113-120; Official Disability Guidelines (ODG), Foot and Ankle Chapter.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hardware removal. According to the ODG Knee and Leg, Hardware implant removal does 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. Although hardware removal is commonly done, it should not be considered a routine procedure. There is insufficient evidence to support hardware removal in this case from the cited clinical documentation. There is no evidence of broken hardware, or conservative care failing leading to persistent pain. Therefore the request is not medically necessary.

Associated Surgical Service: Assistant Surgeon: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of a surgical assistant. ODG low back is referenced. More complex cases based off CPT code are felt to warrant the use of a surgical assistant. The requested procedure is a hardware removal. Given the level of complexity of the surgery it is not felt to be medically necessary to have an assistant.

Physical therapy x 12 visits: Upheld

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

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.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.