

<b>Case Number:</b>	CM15-0162169		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	10/25/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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:

This injured worker is a 49-year-old male who sustained an industrial injury on 10/25/14. Injury occurred when he fell from a conveyor belt approximately 25 feet onto concrete. He sustained a blunt head trauma with concussion, small intracranial contusion, nasal fractures, facial lacerations, T4 and T5 thoracic fractures, multiple left rib fractures, comminuted left distal radius fracture, and displaced left patella fracture. He underwent open reduction and internal fixation of the left knee patella fracture, evacuation of left knee hematoma, and open reduction and internal fixation of the left wrist distal radius intra-articular fracture with plate and screws on 10/26/14. The 3/20/15 x-rays showed a wire tension band over the patella in good alignment and a protruding anchor seen on the lateral view. The 5/14/15 treating physician report cited intermittent moderate knee pain with restricted range of motion. The knee screw and wire continued to tint the skin and caused the knee to be very sensitive to touch. Left knee exam documented clean, dry and intact surgical site with no erythema. There was edema noted and superficial screws were palpated when the knee was flexed. The treatment plan recommended a CT scan of the left knee to determine if the patella had healed. Authorization was requested for surgery to remove the screw and wire from the left knee and physical therapy 2x6 for the left knee and wrist. The treating physician progress reports from 4/14/15 through 7/9/15 documented persistent tenderness and sensitivity to palpation over the knee and hardware. The 7/31/15 left knee CT scan conclusion documented status post open reduction and internal fixation of the patellar fracture which appeared to be well-healed. There was a small bone fragment noted along the medial margin and the lateral margin with a posterior projecting osteophyte. There were

three fixating screws within the patella which appeared to be appropriately positioned. The anterior cerclage wire was primarily within the subcutaneous soft tissues. There was a small joint effusion and benign bone island of the lateral femoral condyle. Authorization was requested for surgery to remove the screw and wire from the left knee, and post-op physical therapy for the left knee 2x6. The 8/4/15 utilization review non-certified the left knee hardware removal and associated post-op physical therapy as there was no documentation of fracture healing and a CT scan had been requested to assess healing with results not available.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Surgery to Remove The Screw and Wire from The Left Knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22.

**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 (fixation).

**Decision rationale:** The California MTUS guidelines do not provide recommendations for hardware removal following knee surgery. The Official Disability Guidelines state that the routine removal of hardware implanted for fixation is not recommended, 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 been met. This injured worker presents with persistent left knee pain and sensitivity noted over the retained screw and wire, status post open reduction and internal fixation of the left patella. There is radiographic evidence of patella fracture healing. There are no clinical exam findings suggestive of irritation/inflammation. Therefore, this request is medically necessary.

#### **Associated Surgical Service: PT for Left Knee 2x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for surgical treatment of patellar fracture suggest a general course of 10 post-operative physical medicine visits over 8 weeks, during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 5 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. There is no compelling rationale

presented to support the medical necessity of physical therapy beyond guideline recommendations for initial post-operative or the general course of treatment, or relative to a specific current functional deficit. Therefore, this request is not medically necessary.