

<b>Case Number:</b>	CM15-0167486		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	05/31/1975
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 67 year old male who sustained an industrial injury on 5-31-75. Progress report dated 8-6-15 reports status post periprosthetic femur fracture treated with ORIF in December 2014. The injured worker had early failure with varus collapse of fracture and eventual breakage of the plate. He reports he is completely non-weight bearing and uses a scooter. Diagnosis: abundant callous formation and varus malalignment with breakage of the plate and incomplete healing of the fracture site. Plan of care includes: proceed with surgical revision, will admit him today for pre-op cardiac workup and schedule surgery for tomorrow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: 6 Inpatient Days (DOS: 8/5/15-8/11/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Destruction Hip Lesion (icd 80.85 - Other local excision or destruction of lesion of hip) Broken tibia/fibula (79.36- Open reduction of fracture with internal fixation tibia and fibula).

**Decision rationale:** ODG does not specify recommended LOS for a femoral shaft fracture. The most analogous surgeries are: Destruction Hip Lesion (icd 80.85 - Other local excision or destruction of lesion of hip) Best practice target (no complications) -- 5 days. Broken tibia/fibula (79.36 - Open reduction of fracture with internal fixation tibia and fibula) Best practice target (no complications) -- 3 days. As the requested number of days exceed both of these recommended lengths of stays. Per ODG, the recommendations are not medically necessary.