

Case Number:	CM15-0182606		
Date Assigned:	09/23/2015	Date of Injury:	10/10/2014
Decision Date:	10/28/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/16/2015

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 51 year old female, who sustained an industrial injury on 10-10-2014. Medical records indicate the worker is undergoing treatment for a right fibula fracture and status post right ankle open reduction-internal fixation on 10-13-2014. A progress note dated 3-26-2015 reported the injured worker complained of pain over the right lateral and medial foot and continued with physical therapy. A recent progress report dated 8-28-2015, reported the injured worker complained of right ankle medial pain and down to the foot. Physical examination revealed pain with resisted inversion, 0-20 degrees dorsiflexion, 0-40 plantar flexion, inversion 30 degrees, eversion 15 degrees and no tenderness at the medial and lateral malleolus. The physician documented the injured worker has posterior tibialis tendonitis. Radiology studies showed intact hardware with prominent screws. The physician documented the pain may or may not be resolved with hardware removal. Treatment to date has included modified work, surgery, at least 32 physical therapy visits and medication management. On 9-2-2015, a Request for Authorization requested right ankle hardware removal. On 9-11-2015, the Utilization Review noncertified the request for right ankle hardware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware removal, right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot and Ankle Chapter, Hardware Implant Removal.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Hardware implant removal.

Decision rationale: According to the ODG Ankle and Foot, Hardware implant removal, "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". There is insufficient evidence to support hardware removal in this case from the cited clinical documentation from 8/28/15. Therefore the determination is not medically necessary.