

Case Number:	CM15-0190212		
Date Assigned:	10/02/2015	Date of Injury:	07/05/2014
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/28/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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(n) 60 year old male, who sustained an industrial injury on 7-5-14. The injured worker was diagnosed as having status post left distal radius open reduction internal fixation. The physical exam (11-12-14 through 1-14-15) revealed left wrist flexion was 60 degrees, flexion was 80 degrees and incisions well healed. The injured worker's past medical history includes hypertension and arthritis. Treatment to date has included a CT scan of the wrist on 8-24-15. As of the PR2 dated 6-10-15, the injured worker reported wanting to proceed with the implant removal procedure. The treating physician noted "decreased" wrist motion. There was no documentation of previous complications from past surgeries. The treating physician requested removal of hardware and an office consultation for medical clearance. On 9-3-15 the treating physician requested a Utilization Review for removal of hardware and an office consultation for medical clearance. The Utilization Review dated 9-14-15, non-certified the request for removal of hardware and an office consultation for medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, hardware removal.

Decision rationale: The patient is a 60 year old who had previously undergone operative reduction and internal fixation of a left distal radius fracture on 7/10/14. The patient states a clear case of persistent pain of the left wrist with daily activity from a letter dated 9/25/15. Medical documentation from 9/21/15 notes a previous CT scan confirming likely healing of the fracture. He has persistent pain and stiffness of the left wrist associated with the hardware. Further documentation from 6/10/15 noted a symptomatic wrist implant and decreased range of motion of the wrist. Documented medications include atenolol, meloxicam and aspirin. He has a history of hypertension and arthritis. Based on the overall documentation provided for this review, including patient statement and the most recent evaluation, the patient has a symptomatic left wrist implant that is painful and affecting function. There is enough evidence of adequate healing and no evidence of infection or other source of the discomfort. Therefore, removal of hardware should be considered medically necessary. The UR stated that there is no documentation of persistent pain, after ruling out other causes of pain such as infection and nonunion. However, as reasoned above, the patient and surgeon have provided more recent documentation addressing this concern of the UR. The patient has persistent pain affecting function, healing by CT scan and no evidence of infection. From ODG, with respect to hardware removal, "Hardware removal is not recommended. 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. Recommend removal of hardware when fractures are not involved, the pins are stabilizing a joint while a ligament or tendon repair is healing and they must be removed so that the joint can resume function, for example, a pin in the dip joint of a finger to stabilize while an extensor tendon is healing in place or in the wrist to stabilize carpal bones while a scapholunate or other ligament reconstruction is healing. Although hardware removal is commonly done, it should not be considered a routine procedure. The decision to remove hardware has significant economic implications, including the costs of the procedure as well as possible work time lost for postoperative recovery, and implant removal may be challenging and lead to complications, such as neurovascular injury, refracture, or recurrence of deformity. Current literature does not support the routine removal of implants to protect against allergy, carcinogenesis, or metal detection. Despite advances in metallurgy, fatigue failure of hardware is common when a fracture fails to heal. Revision procedures can be difficult, usually requiring removal of intact or broken hardware. Following fracture healing, improvement in pain relief and function can be expected after removal of hardware in patients with persistent pain in the region of implanted hardware, after ruling out other causes of pain such as infection and nonunion."

Associated surgical request: office consultation for medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter, Preoperative testing.

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 pain, Preoperative testing, general.

Decision rationale: As the procedure was considered medically necessary and that the patient has a medical history of hypertension, a medical clearance should be considered medically necessary. From ODG guidelines and as general anesthesia is likely to be performed, preoperative testing should be as follows: An alternative to routine preoperative testing for the purposes of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. Thus, a medical clearance should be considered medically necessary to determine fitness for surgery.