MAXIMUS Federal Services

Case Number:	CM15-0024755		
Date Assigned:	02/17/2015	Date of Injury:	01/31/2013
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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:

The injured worker is a 45-year-old male who sustained an industrial injury on 1/31/13. Injury occurred when he was pinned by hydraulic arms against the cab of the [redacted]. He was diagnosed with a crushed and flail chest, hemothorax and multiple spinal fractures. He underwent a right thoracotomy with plating of the 3rd, 4th, 5th, and 6th ribs. The treating physician reports from 7/11/14 through cited persistent right sided chest pain. Physical exams documented the hardware areas were very tender to the touch, with significant swelling over the surgical site noted on 10/6/14. The 11/17/14 treating physician report cited pain in the upper chest area with significant swelling over the surgical site on the right. He had constant grade 8/10 right shoulder and right rib. His pain was sharp and worse with movement. Treatment requested was for 2 day hospital inpatient stay, pre-operative lab work, and removal of 4 hardware plates from right rib. On 1/28/15, utilization review non-certified the request for removal of 4 hardware plates from right rib, and cited was Official Disability Guidelines. The request for pre-operative lab work was non-certified and Non MTUS Guidelines were cited. The request for 2 day hospital inpatient stay was non-certified and noted was non-certification of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of 4 hardware plates from right rib: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar Spine.

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 ï¿½ Lumbar & Thoracic, Hardware implant removal (fixation).

Decision rationale: The California MTUS does not provide recommendations relative to hardware removal. The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Hardware removal is 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. Guideline criteria have been met. This patient presents with persistent constant function-limiting right rib pain. Physical exam documented significant tenderness and swelling over the hardware location over the past 5 months. Cheat pain has precluded return to work. Therefore, this request is medically necessary.

2 day Hospital Inpatient stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hospital Inpatient Stay.

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 ï¿½ Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines generally recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. Guidelines do not specifically address the removal of chest hardware. Given the history of flail chest and associated risk factors, a 2-day inpatient stay seems reasonable to monitor the patient's respiratory status. Therefore, this request is medically necessary.

Pre-operative lab work: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines, Perioperative cardiovascular evaluation and care for noncardiac surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this pre-operative lab testing. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have not been met. A generic request for non-specific pre-operative lab work is under consideration. Although, basic lab testing would typically be supported for patients undergoing this procedure and general anesthesia, the medical necessity of a non-specific cannot be established. Therefore, this request is not medically necessary.