

<b>Case Number:</b>	CM15-0211459		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	06/15/2015
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Montana, Oregon, Idaho  
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 25-year-old male who sustained an industrial injury on June 15, 2015. Medical records indicated that the injured worker was treated for right hand fracture. His medical diagnoses include right fifth metacarpal shaft fracture status post open reduction and internal fixation. In the provider notes dated from September 29, 2015. The injured worker had no complaints. On exam, the documentation stated, "2 views of the right hand show the fracture is healed, alignment is anatomic". The documentation stated the provider "attempted to remove the rod. I anesthetized the area with 2% plain lidocaine; I made a stab incision and attempted to expose the proximal portion of the rod. However, I was unable to do so in the office, therefore I will need to plan time in the operating room to remove the rod." A Request for Authorization was submitted for surgery right 5th MC pin removal. The Utilization Review dated October 8, 2015 noncertified the request for surgery right 5th MC pin removal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right 5th MC pin removal:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Decision rationale:** The CA MTUS ACOEM guidelines are silent on the subject of hardware removal. The ODG-TWC 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. (Busam, 2006) 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. (Hak, 2008) 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. (Minkowitz, 2007) In this case, the submitted documentation does not indicate what specific implant was used or whether removal is recommended. Based on the submitted documentation there is no evidence the implant is interfering with function, causing pain or is at risk to cause infection. Therefore, the request does not meet the guidelines and is not medically necessary.