

Case Number:	CM15-0214309		
Date Assigned:	11/04/2015	Date of Injury:	10/03/2013
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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:

This 24 year old man sustained an industrial injury on 10-3-2013. Diagnoses include open fracture of shaft of femur. Treatment has included oral medications. Physician notes dated 9-29-2015 show complaints of left thigh pain after multiple trauma and femur repair as well as ankle and foot pain. The physical examination shows tenderness to a specific area of skin grafting at the hip that appears to be a mobile piece moving over the bone. Recommendations include removal and exploration of mass of the left femur with removal of spur as well as removal of plates and screws in the foot and ankle with mini fragment set, bilateral thigh and femur x-rays. Utilization Review denied a request for removal and exploration of left femur mass with spur removal on 10-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal/exploration mass left femur with spur removal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Hardware implant removal (fracture fixation) Wheelless Textbook of Orthopedics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pelvis and hip.

Decision rationale: The CA MTUS ACOEM guidelines and the ODG are both silent on the issue of bone spur removal from the femur. However, the ODG, pelvis and hip section does comment on hardware removal from the femur. It states that it does 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. Although hardware removal is commonly done, it should not be considered a routine procedure. In this case, the injured worker was involved in a tractor accident and sustained a severe open femur fracture in 2013. It was treated with an intramedullary nail and based on the records sounded like it needed soft tissue coverage procedure due to a proximal medial soft tissue defect. The consultation note from 10/01/15 notes that there is a tender area of skin graft and a mobile piece of bone, the note documents that this could be a nerve branch. Based on this record, the requesting surgeon has not demonstrated that the proposed bone removal is the likely source of pain and that surgical excision will result in objective improvement. Therefore, the request is not medically necessary.