

Case Number:	CM15-0218950		
Date Assigned:	11/10/2015	Date of Injury:	12/02/2014
Decision Date:	12/23/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/06/2015

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:

This injured worker is a 40-year-old female who sustained an industrial injury on 12/2/14. Injury occurred when she slipped and fell, fracturing her left ankle. She underwent open reduction and internal fixation left fibula with one plate and six screws on 2/27/15. Post-op physical therapy was initiated on 6/18/15 with 18 post-op visits certified. The 8/27/15 utilization review indicated that radiographs showed almost 100% healing of the fracture with fixation in place. The 10/15/15 treating physician report cited occasional left ankle pain with pain to fixation of the left ankle. Physical exam documented less swelling due to physical therapy. The patient desired removal of left ankle fixation. Authorization was requested for surgery for removal of fixation of the left ankle. The 10/23/15 utilization review non-certified the request for left ankle hardware removal as there was no confirmation of complete healing of the fracture, or that non-union had been ruled-out. There was no documentation of pain directly over the hardware or symptoms that changed with weather.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery for removal of fixation of the left ankle: 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), Ankle and Foot chapter - Hardware 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 (fracture fixation).

Decision rationale: The California MTUS guidelines do not provide specific recommendations for ankle hardware removal. The Official Disability Guidelines do 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. 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 non-union. Guideline criteria have been reasonably met. This injured worker sustained a left fibula fracture and underwent open reduction and internal fixation on 2/27/15. She reports occasional left ankle pain due to hardware. There is imaging evidence essentially confirming fracture healing. There were no clinical signs of infection noted. Given this documentation, the medical necessity of this request is established. Therefore, this request is medically necessary.