

Case Number:	CM15-0053334		
Date Assigned:	03/26/2015	Date of Injury:	12/06/2014
Decision Date:	05/07/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/20/2015

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: Minnesota, Florida
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 12/6/2014. The current diagnoses are nonunion, right fifth digit, status post open reduction of fracture of the right fifth toe with a longitudinal K-wire and subsequent K-wire removal. Associated extensor tendon injury status post repair. According to the progress report dated 2/12/2015, the injured worker reports that he is doing much better. The pain has decreased. The range of motion has improved. He continues to have persistent tenderness at the location of the proximal phalanx. No deformity is documented. The plan of care includes repeat open reduction and internal fixation with a plate and screws or bone grafting of the right toe proximal phalanx using a stem cell aspirate from the femoral condyle; Pre-Operative Chest X-Ray, EKG, CBC, and urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 open reduction and internal fixation or bone grafting of the right toe fifth phalanx:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Section: Ankle and foot, Topic: Stem cell autologous transplantation; Open reduction and internal fixation.

Decision rationale: The injured worker's is a 25-year-old male with a date of injury of 12/6/2014. He sustained an open fracture of the proximal phalanx of the right fifth toe resulting from a chainsaw. There was associated extensor tendon injury. The injured worker underwent open reduction and internal fixation with a longitudinal K wire. Some bone loss from the fracture site was reported. No postoperative infection was documented. The K wire became painful and was removed on 1/29/2015. X-rays at that time prior to the K wire removal revealed displacement at the fracture site although the alignment was said to be satisfactory and the longitudinal K wire was present. On February 12, 2015 the injured worker indicated that he was doing much better. The pain was decreased and range of motion was increased. There was some persisting tenderness over the proximal phalanx. X-rays were said to demonstrate nonunion of the fracture. The request for repeat open reduction and internal fixation with plate and screws or bone grafting using an aspirate from the femoral condyle with stem cell transplant was noncertified by utilization review. This is now appealed to an independent medical review. ODG guidelines indicate the open reduction internal fixation is recommended as an option for fractures when radiographic evidence suggests a displaced fracture or comminuted fracture or open fracture with bone protrusion. However, open reduction and internal fixation has already been performed in this case using a longitudinal K wire. The K wire was subsequently removed on 1/29/2015. X-rays have revealed some persisting displacement at the fracture site due to the missing bone fragment. However, 2 months post fracture, the IW has decreased pain, improved range of motion, and improved function. With regard to stem cell autologous transplantation, ODG guidelines indicate that is under study. Surgical applications of mesenchymal stem cells appear to be safe, and have the potential to be effective as an auto graft substitute but remains inconclusive. The injured worker underwent the surgery 2 months ago. Although he has a persisting gap at the fracture site due to the missing bone fragment, there is good alignment of the fifth toe with likely fibrous union and possibly some degree of bony union. The official radiology report pertaining to the x-rays of 2/12/2015 has not been submitted. The documentation does not indicate any gross motion at the fracture site. There was no deformity. As such, buddy taping would have been adequate at that stage. There was delayed union but no established nonunion at that time. Sometimes after K wire removal the fracture gradually settles and assumes a position of stability and goes on to healing. At 2 months post fracture with improving range of motion and function a repeat surgical procedure of internal fixation or possible bone graft is usually not necessary for the fifth toe. As such, the request for open reduction and internal fixation or autologous bone graft is not supported and the medical necessity of the request has not been substantiated.

1 pre-operative chest x-ray and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical system improvement (ICS); 2014 Mar. page 124.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Section: Ankle and foot, Topic: Surgery, open reduction and internal fixation, stem cell autologous transplantation.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical services are medically necessary.

1 pre-operative lab including CBC and urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical system improvement (ICS); 2014 Mar. page 124.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Section: Ankle and foot, Topic: Surgery, open reduction internal fixation, stem cells, autologous transplantation.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical services are medically necessary.