

Case Number:	CM15-0053549		
Date Assigned:	03/30/2015	Date of Injury:	02/20/2013
Decision Date:	05/06/2015	UR Denial Date:	03/13/2015
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: 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 female who sustained an industrial injury on 2/20/13. Injury was reported due to standing/working at a workstation with aggravation of a previous right foot injury. The patient underwent open reduction and internal fixation for left tibia and fibula fracture in 2008. The 10/4/14 left ankle x-rays documented open reduction and internal fixation, tibia and fibula. There was no definitive evidence of hardware failure, infection or loosening. There were degenerative enthesopathic changes (heel spurs), calcaneal attachment sites of the Achilles tendon and plantar fascia. The 12/17/14 right ankle MRI impression documented a small ganglion/synovial cyst at the lateral aspect of the talonavicular joint, small effusion at the talofibular, tibiotalar, and subtalar joints, and small subchondral cyst noted at the anterior aspect of the calcaneus. Findings were suggestive of a partial tear of the posterior talofibular ligament. The 1/19/15 treating physician report cited complaints of constant grade 7/10 left ankle pain radiating to the left shin, calf, foot, and toes. There was numbness, tingling and cramping sensation. Pain increased with weight bearing and decreased with pain medication and rest. Left ankle exam documented a well-healed surgical incision over the lateral aspect of the left ankle, extending from the distal fibula to the lateral malleolus of the fibula. There was tenderness in this area over the lateral malleolus and over the talus of the right foot. There was full left ankle and foot range of motion with tenderness over the lateral distal malleolus. Range of motion was limited by pain. The treatment plan recommended referral for ankle consult. The 2/25/15 orthopedic report cited on-going left ankle/foot complaints with no improvement. Physical exam documented symmetrical ankle range of motion, 4/5 left ankle dorsiflexion and plantar flexion

weakness, and intact sensation/reflexes. X-rays were reviewed and showed healed tibia and fibular fracture with tibial/fibular plates intact. The impression was painful hardware. The treatment plan recommended hardware removal left ankle. The 3/13/15 utilization review non-certified the request for hardware removal as the hardware as the source of pain had had been established as numbness, tingling and spasms are not typical symptoms of painful retained metal. There was no documentation of broken hardware, infection, or loosening on x-rays, and there was no correlation of physical findings and x-ray findings to suggest painful retained metal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metal removal from left ankle: 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), Ankle.

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 nonunion. Guideline criteria have not been met. There is no current x-ray evidence of broken hardware, infection, or loosening. There is no documentation that correlates subjective complaints or clinical exam findings with x-ray findings to support hardware as the source of pain. Therefore, this request is not medically necessary.