MAXIMUS Federal Services

Case Number:	CM15-0081345		
Date Assigned:	05/04/2015	Date of Injury:	03/04/2014
Decision Date:	06/04/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/28/2015

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 29-year-old male who was injured on 3/4/2014. Documentation indicates a comminuted fracture of the left femur. He underwent open reduction and internal fixation with an intramedullary rod. X-rays of the left femur dated 11/11/2014 revealed intramedullary nail fixation of a comminuted fracture. The fracture appeared radiographically healed. No hardware complications were noted. Follow-up xrays of 1/6/2015 revealed a healed fracture with no hardware complications. The IW was complaining of knee pain. Physical therapy was advised. However, he stated that the hardware was bothering him and so hardware removal was scheduled for April. A request for hardware removal was non-certified by utilization review citing ODG guidelines. This has been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left femur hardware 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-TWC); ODG Treatment; Integrated Treatment/Disability Duration Guidelines - Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee and leg, Topic: Hardware implant removal.

Decision rationale: ODG guidelines do not recommend 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. Although hardware removal is commonly done, it should not be considered a routine procedure. The injured worker complains of "hardware bothering him" but no specific hardware related complication is documented. The documentation does not indicate any problems associated with the fracture. As such, removal of hardware is not supported by guidelines and the request is not medically necessary.