

Case Number:	CM14-0130322		
Date Assigned:	09/29/2014	Date of Injury:	12/05/2012
Decision Date:	11/19/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42-year-old male sustained an industrial injury on 12/5/12 relative to a catastrophic pelvic/hip crush injury. He was status post communicating complex pelvic fracture with perianal laceration resulting in diverting colostomy, left femoral rodding, open reduction and internal fixation sacral fracture, left leg emergency revascularization with prophylactic bilateral fasciotomies, and skin graft procedure and debridements. The diagnosis also included history of acute renal failure - resolved, resistant hypertension -new onset, erectile dysfunction, urinary voiding difficulty, and posttraumatic depressive syndrome. Records indicated the need for additional hip reconstructive surgery following takedown of the colostomy. The patient underwent removal of the femoral nail and open reduction and internal fixation of the distal femoral shaft fracture for non-union on 1/17/14. Post-operative physical therapy records documented improvement in left lower extremity weight bearing tolerance. The most limiting factor in rehabilitation and weight bearing endurance was noted as focal right lumbosacral sharp pain. The 6/30/14 progress report indicated the patient was doing well and had proceeded to full weight bearing. He had residual significant pain on the right side in the sacral area that was significantly debilitating. Pain had improved in the left distal femur post-operatively. Physical exam documented significant limp with tenderness in the right sacral region and limited bilateral hip flexion strength. Pelvic CT scan and films documented significant sacral malunion on the right side and malunion of the left anterior pelvic ring at the pelvic root. There was cephalad migration of the right side relative to the left. The treatment plan recommended proceeding with removal of hardware and reversal of the colostomy. This was to be followed by 3-stage pelvic reconstruction to fix his malunion problem. The 7/22/14 utilization review denied the right trans-sacral screw removal and associated requests as there was no documentation to suggest a specific problem such as infection or nonunion of the sacral screw to warrant removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for removal of hardware right trans sacral screw (27086): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis (updated 03/25/14) Hardware Implant Removal (fracture fixation)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Hardware implant removal (fracture fixation)

Decision rationale: The California MTUS does not provide recommendations for hardware removal in hip/pelvic injuries. 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. Guideline criteria have been met. This patient has persistent focal right sacral pain that limits weight bearing endurance. There is no evidence of infection or non-union. The patient is pending additional hip reconstructive surgery for this catastrophic injury. This procedure will be combined with colostomy takedown which is required prior to additional reconstruction. Therefore, this request is medically necessary.

Decision for pre-operative consultation and testing (99245): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Follow-Up Visits. Decision based on Non-MTUS Citation ODG Hip & Pelvis (updated 03/25/14) Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Indications for pre-operative testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have been met based on patient age, history of acute renal failure and resistant hypertension, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Decision for pre-operative lab, chest x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 07/03/14) Preoperative testing, general ODG Low Back (updated 07/03/14) Pre-operative lab testing ;Criteria for Preoperative lab testing;

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38; ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that pre-operative lab testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected. Guideline criteria have been met. Middle-aged hypertensive males have increased occult cardiopulmonary risk factors. Therefore, based on patient age, history of acute renal failure and resistant hypertension, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia, this request is medically necessary.