

Case Number:	CM14-0097967		
Date Assigned:	09/16/2014	Date of Injury:	08/09/1999
Decision Date:	06/30/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/26/2014

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. 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: California, Indiana, Oregon
 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 73 year old (██████████), male who sustained a work related injury on 8/9/99. The diagnoses have included status post tendon transfer for posterior tibial tendon dysfunction, resolved posterior heel pain from prominent hardware and symptomatic flatfoot deformity. Treatments have included right and left foot surgeries and medications. In the PR-2 dated 6/9/14, the injured worker complains of pain in his left foot. He reports pain over medial dorsum of foot feeling as though screw is "backing out", worsened by wearing shoes or touching. He also has pain in heel region with resting flat. He has weakness in plantar flexion/dorsiflexion. He has tenderness to touch over dorsal medial hardware with firm prominence. He also has mild tenderness to touch over posterior heel region with mild firm prominence. The treatment plan includes a recommendation for removal of left foot and heel hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY: REMOVAL OF HARDWARE FROM LEFT FOOT AND HEEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, no chapter noted.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle.

Decision rationale: According to the ODG Ankle and Foot, Hardware implant removal, "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. Not recommended solely to protect against allergy, carcinogenesis, or metal detection." There is insufficient evidence to support hardware removal in this case from the cited clinical documentation from 6/9/14, as infection has not been documented as excluded as reason for continued pain. Therefore, the determination is not medically necessary.