

Case Number:	CM15-0002169		
Date Assigned:	01/13/2015	Date of Injury:	10/17/2014
Decision Date:	03/16/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/06/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 57-year-old male who reported an injury on 10/17/2014. The mechanism of injury involved a fall. The patient is diagnosed with displaced ankle fracture with mortise disruption on the right. The injured worker underwent an open reduction and internal fixation on 10/29/2014. The only clinical note submitted for this review is an operative report dated 10/29/2014. It was noted that the injured worker sustained a pronation type fracture with disruption of the mortise. The injured worker had been treated with elevation for swelling. The injured worker tolerated the procedure well without mention of complications. There were no recent physician progress reports submitted for review. The injured worker's postoperative course of treatment is unknown. The current request is for hardware removal. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware: 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 and Foot Chapter, Hardware implant removal (fracture fixation)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg Chapter, Hardware Implant Removal.

Decision rationale: The Official Disability Guidelines do not recommend routine removal of hardware except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. In this case, the medical rationale for the requested procedure was not provided. There was no recent Physician's Progress Report submitted for review documenting evidence of a recent physical examination. There were no recent radiographic films submitted for review. There is also no specific body part listed in the above request. As such, the request is not medically appropriate.

Pre-operative labs: 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) Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is also not medically necessary.