

Case Number:	CM15-0016854		
Date Assigned:	02/05/2015	Date of Injury:	01/02/2014
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/29/2015

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

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 42 year old male with an industrial injury dated January 2, 2014. The injured worker diagnoses include status post open reduction internal fixation of the right ankle on 1/3/2014, prominent hardware and compensatory left hip and low back pain. He has been treated with diagnostic studies, prescribed medications, consultations and periodic follow up visits. In a progress note dated 1/7/2015, the injured worker reported constant severe right ankle pain. The treating physician noted that the right ankle was prominent with tender hardware in the lateral ankle. There was decreased range of motion in the right ankle and positive swelling. Documentation also noted that the injured worker walked with a severe limp of the right leg. The treating physician prescribed services for hardware removal of the right ankle. UR determination on January 21, 2015 denied the request for hardware removal of the right ankle, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware removal of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Treatment in Workers Compensation (TWC), Online Edition, Chapter: Ankle and Foot, 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 Guideline, Anke and Foot, Hardware implant removal

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 1/7/15. Therefore the determination is for non-certification.