

Case Number:	CM15-0117154		
Date Assigned:	06/25/2015	Date of Injury:	07/25/2014
Decision Date:	07/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/17/2015

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 51 year old male with an industrial injury dated 07/25/2014. The injured worker's diagnoses include closed fracture of lateral portion of left tibial plateau, deep vein thrombosis, and exogenous obesity. Treatment consisted of diagnostic studies, prescribed medications, status post open reduction internal fixation (ORIF) lateral tibial plateau of left knee on 07/31/2014, knee corticosteroid injection and periodic follow up visits. In a progress note dated 04/24/2015, the injured worker reported that he continues to have problems with the left knee. Objective findings revealed minimal swelling and tenderness of the left knee. The treating physician prescribed services for one video arthroscopy with intra-articular shaving and removal of hardware of the left knee now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Video arthroscopy with intra-articular shaving and removal of hardware of the left knee:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (updated 5/5/2015), Chondroplasly.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of hardware removal. According to the ODG Knee and Leg, 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. Although hardware removal is commonly done, it should not be considered a routine procedure." There is insufficient evidence to support hardware removal in this case from the cited clinical documentation from 4/24/15. There is no evidence of broken hardware, or conservative care failing leading to persistent pain. Therefore the request is not medically necessary.