

Case Number:	CM15-0120226		
Date Assigned:	06/30/2015	Date of Injury:	07/08/2014
Decision Date:	07/29/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/22/2015

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, 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 63 year old female, who sustained an industrial injury on 7/08/2014, while employed as a housekeeper. She reported a fall landing on her left leg and knee. The injured worker was diagnosed as having degenerative joint disease of the left knee, painful hardware of the left knee, and left knee tibial plateau fracture, status post open reduction and internal fixation. Treatment to date has included diagnostics, physical therapy, left knee surgery (7/10/2014), injections, and medications. Currently (5/22/2015), the injured worker complains of moderate to severe pain in her left knee, from both the arthrosis and the hardware. She had an injection (4/17/2015 Lidocaine and Dexamethasone) which gave her relief, but now her symptoms have recurred. Exam of the left knee noted tenderness over the hardware, positive medial and lateral joint line tenderness, positive varus valgus laxity, mild valgus instability from the fracture itself compared to the right knee, and mildly decreased range of motion. Recent radiographic imaging results were not referenced. The treatment plan included removal of painful hardware from the left knee, along with post-operative ice therapy and physical therapy x 18. Her work status was modified, total temporary disability if unable to accommodate. Orthopedic Qualified Medical Evaluation (5/05/2015) noted a diagnosis of malunion versus non-union left lateral plateau fracture, with left knee deformity and instability, with recommendation for referral to a total joint arthroplasty surgery. It was also noted that removal of the plate and screws in the left tibia, as an isolated procedure, would not be expected to have any impact on her current situation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 removal of painful hardware from 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 (ODG), Knee & Leg, 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) knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hardware removal. According to the ODG Knee and Leg, Hardware implant removal is not recommended for 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 and 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 5/22/15. There is no evidence of broken hardware or migrated hardware. Other causes of pain like infection have not been excluded. There is no approved request for a procedure requiring removal of the hardware (i.e. TKA). Based on this the request 1 removal of painful hardware from the left knee is not medically necessary.

18 postoperative ice therapy applications: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Continuous-flow cryotherapy.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 18 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.