

Case Number:	CM15-0064380		
Date Assigned:	04/10/2015	Date of Injury:	03/14/2014
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/06/2015

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

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 70 year old female with an industrial injury dated 03/14/2014. Her diagnoses included status post open reduction internal fixation of right hip with symptomatic hardware. Prior treatments included hip surgery, cortisone injection to right hip and diagnostics. She presents on 02/06/2015 with complaints of constant severe right hip pain. Physical exam noted the injured worker ambulated with a cane. Range of motion was limited due to pain. The treatment plan included cortisone injection to right hip (given at the visit), surgical removal of hardware in right hip and medical clearance for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient removal of hardware to the right hip with right tibia autograph: 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); 2015 Hardware implant removal.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG); Hips and Pelvis, Hardware implant removal.

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of hardware failure. According to the ODG, Hips and Pelvis, 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 2/6/15. There is no evidence of broken hardware, or conservative care failing leading to persistent pain. Therefore the request is not medically necessary.

Associated surgical services: Inpatient length of stay (LOS) for one (1) day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hips and Pelvis, Hospital Length of Stay.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: Medical clearance and testing with internal medicine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.