

Case Number:	CM14-0018963		
Date Assigned:	04/23/2014	Date of Injury:	03/07/2007
Decision Date:	07/03/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/14/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Fellowship Trained Spine Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59 year old female who has previously undergone a right sided arthroplasty at the right knee on 02/18/13. The reported date of injury is March 7, 2007. The clinical note dated 07/07/13 indicates the injured worker complaining of right lower extremity pain rated as 3-4/10. The injured worker also reported left knee pain as well as low back pain. The injured worker was able to demonstrate 0 to 120 degrees of range of motion at the left knee with 5/5 strength. The note indicates the injured worker utilizing a one centimeter shoe lift on the left to address a leg length discrepancy following the knee arthroplasty on the right. The agreed medical evaluation completed on 07/17/13 indicates the injured worker having a complicated history involving the right knee. The note indicates the injured worker's right leg is currently longer than the left leg which was throwing off her gait and causing pain in the left knee and low back. The clinical note dated 09/05/13 indicates the injured worker complaining of an increase in pain with prolonged sitting. The note indicates the injured worker having not attended physical therapy at that time. However, the injured worker was identified as undergoing a home exercise program. Left knee pain continued. The injured worker was able to demonstrate 0 to 125 degrees of range of motion at the right knee. The clinical note dated 11/21/13 indicates the injured worker rating the pain as 2/10. The injured worker also reported ongoing swelling at the right knee. The therapy note dated 01/14/14 indicates the right lower extremity measured at 25.5 inches and the left lower extremity measured at 23.75 inches. The injured worker continued to rate her pain as 3-4/10. The clinical note dated 01/16/14 indicates the injured worker continuing with range of motion deficits at the right knee. The injured worker stated she gets a sensation when she is utilizing a shoe lift that the left leg is longer than the right but without the lift, the right leg is longer than the left. The injured worker is also complaining of balance issues secondary to the low back pain. The note indicates the injured worker having

completed a full course of physical therapy. The scanogram radiograph report dated 01/16/14 revealed a varus alignment with a mechanical axis passing from the hip to the ankle through the medial joint. The overall limb alignment is 5 degrees varus mechanical axis and 0 tibial femoral angle.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCANOGRAM FOR LEG LENGTH COMPARISON TO EVALUATE LEG STRENGTH DISCREPANCY: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1.) Vaidya r1, Anderson B, Elbanna A, Colen R, Hoard D, Sethi A. CT scanogram for limb length discrepancy in comminuted femoral shaft fractures following im nailing. *Injury*. 2012 jul;43(7):1176-81. DOI: 10.1016/j.injury.2012.03.022. Epub 2012 apr 26. 2.) H.O. Gbejuadea, corresponding author contact information, e-mail the corresponding author, P. Whiteb, M. Hassaballaa, A.J. Porteousa, J.R. Robinsona, J.R. Murray. *The knee*. Volume 21, issue 2, March 2014, pages 549-552. Do long leg supine ct sc.

Decision rationale: The request is not medically necessary. The documentation indicates the injured worker having undergone a right knee arthroplasty. The use of a CT scanogram is indicated following all other conservative measures addressing the knee length discrepancy. There is an indication of the injured worker having undergone a trial of leg lifts. However, the outcome of the ongoing trial was not made available in the submitted documentation. It is unclear if the patient would benefit from a CT scanogram. Therefore, the request for a CT scanogram for leg length comparison to evaluate leg strength discrepancy is not medically necessary.