

<b>Case Number:</b>	CM14-0182353		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	09/28/1986
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 47-year-old male with a 9/28/86 date of injury, and nerve graft with total knee replacement on 6/14/12. At the time (10/13/14) of Decision for 6 post-operative in home physical therapy visits, there is documentation of subjective (constant knee pain with locking) and objective (decreased range of motion of the right knee and stable Lachman's, anterior drawer and posterior drawer testing) findings, current diagnoses (severe Osteoarthritis of the right knee, status post right knee replacement, and right knee arthrofibrosis with severe pain), and treatment to date (physical therapy and medications). There is no documentation of leg length discrepancy and abnormal bone scan or non-diagnostic x-ray of the left extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Left Lower Extremity Scanogram:** 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 <http://www1.radmd.com/media/620771/2014-nia-clinical-guidelines-centene.pdf>

**Decision rationale:** MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of leg length discrepancy and abnormal bone scan or non-diagnostic x-ray, as criteria necessary to support the medical necessity of CT Scanogram. Within the medical information available for review, there is documentation of diagnoses of severe Osteoarthritis of the right knee, status post right knee replacement, and right knee arthrofibrosis with severe pain. However, there is no documentation of leg length discrepancy and abnormal bone scan or non-diagnostic x-ray of the left extremity. Therefore, based on guidelines and a review of the evidence, the request for One Left Lower Extremity Scanogram is not medically necessary.