

Case Number:	CM15-0216137		
Date Assigned:	11/05/2015	Date of Injury:	03/14/2011
Decision Date:	12/18/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/03/2015

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: Montana, Oregon, Idaho

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 54 year old male who sustained an industrial injury on 3-14-2011. A review of medical records indicates the injured worker is being treated for low back pain and radiculopathy, lumbosacral region. Medical records dated 10-6-2015 noted right lumbar spine pain radiating to the posterior thigh associated with increased activity at work. Physical examination noted restricted range of motion to the lumbar spine. Treatment has included a lumbar epidural steroid injection, home exercise program, chiropractic treatments, Tramadol and Ibuprofen since at least 4-30-2015. Utilization review form dated 10-21-2015 non-certified CT scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan: 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) knee and leg.

Decision rationale: CA MTUS/ACOEM is silent on the issue of scanogram. According to ODG, Knee and Leg, CT scan, Recommended as an option for pain after TKA with negative radiograph for loosening. One study recommends using computed tomography (CT) examination in patients with painful knee prostheses and equivocal radiographs, particularly for: (1) Loosening: to show the extent and width of lucent zones that may be less apparent on radiographs; (2) Osteolysis: CT is superior to radiographs for this diagnosis; recommend CT be obtained in patients with painful knee prostheses with normal or equivocal radiographs and increased uptake on all three phases of a bone scan to look for osteolysis; (3) Assessing rotational alignment of the femoral component; (4) Detecting subtle or occult periprosthetic fractures. (Weissman, 2006) Three-dimensional CT is not recommended for routine preoperative templating in TKA. In this case, the documentation states that the request is for a CT scanogram to evaluate for leg length discrepancy. The clinical note from 10/29/15 states that there was a 0.5cm leg length discrepancy noted clinically. Leg length discrepancies of less than 2 cm are well tolerated and can be managed with a shoe lift and would not require treatment. There is lack of rationale for a scanogram in this patient. In addition, the request is not worded to order an unspecified CT scan. Therefore, the request is not medically necessary.