MAXIMUS Federal Services

Case Number:	CM15-0084580		
Date Assigned:	05/06/2015	Date of Injury:	10/07/2010
Decision Date:	06/08/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	05/04/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 55 year old male who sustained an industrial injury October 7, 2013. He has reported injury to the right knee and has been diagnosed with status post revision right total knee replacement. Treatment has included surgery, medications, and physical therapy. Physical examination revealed a mildly antalgic gait related to the right lower extremity. The injured worker could dorsiflex and plantar flex feet bilaterally. The knee had no effusion and no instability. The treatment request included a bone length study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone length studies: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology February 2009, computed tomography for leg length discrepancy; Sabharwal, 2008, CORR, 6 [12] , 29102927. Leg Length Discrepancy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Total knee arthroplasty: Limb length discrepancy and functional outcome.Indian J Orthop. 2010 Jul-Sep; 44(3): 300?307.

Decision rationale: Limb length discrepancy is more common after unilateral than after bilateral total knee arthroplasty (83.33% vs. 46.66%). Limb length discrepancy of 2 cm or more is perceived by patients operated for unilateral total knee arthroplasty. Limb length discrepancy of 2 cm is not perceived by patients operated for bilateral total knee arthroplasty. Limb length discrepancy after unilateral total knee arthroplasty for bilateral varus osteoarthritis significantly affects the functional outcome, but the same is not true for patients operated for bilateral total knee arthroplasty. The functional outcome of patients of bilateral knee osteoarthritis with varus deformity operated for unilateral total knee arthroplasty improves significantly after being operated for the other side. In the cited study, patient leg length discrepancy was measured clinically and via x-ray measurement. In this instance, the injured worker had a revision arthroplasty of the left knee and presented post-operatively with a mild limp. The ODG and CA MTUS are silent on radiographic measurement of bone length post-operatively after total knee arthroplasty. It seems medically reasonable that that because as little as a 2cm leg-length disparity can have functional consequences, radiography would be more sensitive that a clinical measurement with a tape measure. Therefore, bone length studies in this instance are medically necessary and appropriate.