Case Number:	CM14-0216339		
Date Assigned:	01/06/2015	**Date of Injury:**	06/19/2013
Decision Date:	02/28/2015	**UR Denial Date:**	12/15/2014
Priority:	Standard	**Application Received:**	12/24/2014

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. 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: Physical Medicine & Rehabilitation

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 patient is a 53-year-old male with a date of injury of 06/19/2013. According to progress report dated 12/03/2014, the patient is status post left knee arthroscopy in 2013 and continues to complain of pain described as constant aching pain with a burning sensation. He rates the pain as 8/10 on a pain scale. X-ray of the left knee from 12/03/2014 demonstrated well-fixed total knee components and no evidence of migration or loosening. The patella appears to be well tracking and joint spaces symmetrical with no evidence of polyethylene wear. The patient also underwent a left knee 3D CT scan on 06/24/2014 which showed no evidence of widening or periprosthetic fracture. There was moderate to large joint effusion with markedly thickened synovium suggesting synovitis. MRI of the left knee from 07/17/2013 revealed intrameniscal intrasubstance degenerative signal to the posterior horn of the medial meniscus not reaching the meniscus articular interface to conform to a tear, suprapatella with chondromalacia patella and a small focus of subchondral change to the medial tibial plateau was noted. Examination of the left knee revealed stiff leg, military style guarding against instability. Hamstring and quadriceps strength was noted as 5/5. Extension is 0 degrees and hyperextension and 100 degrees in flexion. The listed diagnosis is chronic painful left total knee with sagittal instability. The treating physician states that the patient requires a hip to ankle sonogram with a dynamic fluoroscopy to define the instability. The utilization review denied the request on 12/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hip to Ankle Scanogram with Dynamic Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.radiology.wisc.edu

Decision rationale: This patient presents with chronic left knee pain with some instability pain and clicking. The current request is for HIP TO ANKLE SCANOGRAM WITH DYNAMIC FLUOROSCOPY. The ACOEM, MTUS, and ODG Guidelines do not provide a discussion regarding scanograms. According tohttps://www.radiology.wisc.edu states under indications for CT sonogram, this is very limited study. The primary purpose of the scan is to allow the radiologist to measure the angle of rotation of the femoral neck relative to the femoral condyles, bilaterally. A secondary measurement is femoral lengths, made by calculating the difference in table position at the ends of the bones. It is further noted that the sole purpose of the study is to measure leg lengths. This patient is status post left knee arthroscopy and continues with pain. It is unclear why the treating physician is requiring a hip to ankle sonogram as there is no discussion regarding leg length discrepancy. Furthermore, it appears the patient underwent an x-ray of the left knee on 12/03/2014, 3D CT of the left knee on 06/24/2014 and an MRI scan of the left knee on 07/17/2013. The requested scanogram IS NOT medically necessary.

Labs (CRP, ESR, CBC): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Labs Page(s): 70.

Decision rationale: This patient presents with chronic left knee pain with some instability pain and clicking. The current request is for LABS (CRP, ESR, CBC). In regards to the Lab tests, the MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests). MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The patients current medication includes Anaprox and a CBC testing may be indicated. In this case, the treating physician has requested lab work above and beyond the recommendations from the MTUS guidelines. These tests are not recommended per MTUS as only the CBC and Chem 8 are supported. The requested laboratory testings ARE NOT medically necessary.