

Case Number:	CM15-0177704		
Date Assigned:	09/18/2015	Date of Injury:	04/08/1999
Decision Date:	10/27/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/09/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 68 year old female, who sustained an industrial injury on April 8, 1999. She suffered a right hip fracture and underwent an open reduction internal fixation. The injured worker was currently diagnosed as having pain in right limb, Pes Planus right foot, limb length discrepancy right shorter than left, xerosis bilaterally and callus sub right third digit. Treatment to date has included surgery, orthotic devices and exercise. Notes stated that since her surgery, she had problems walking and needs a cane to ambulate. On August 20, 2015, the injured worker complained of right foot pain. She noted her right third toe had been very painful and she thinks it's from the brace that she wears for her right leg. The injured worker reported that she does not feel well balanced when she walks and can feel her right foot strike the ground more on the outside of her foot and then it abruptly flops to the ground. Notes stated that she did break the second metatarsal bone in her right foot a few years ago and has noticed a bulge on the inside of her right foot ever since. Physical examination revealed limb length discrepancy with the right limb being shorter than the left. In non-weightbearing, hip joint ratio of inversion to eversion was limited on the right. Left hip drop was noted. Angle and base of gait were within normal limits. Her gait was evaluated without the use of her ankle-foot orthotic device. In resting calcaneal stance position, the calcaneus was observed in neutral position on the left and was everted on the right. She reported that she has had difficulty finding shoes that fit and the orthotic and brace she was currently using were over the counter products. The treatment plan included a scanogram to quantify the extent of her limb length discrepancy and to determine

what type of device would be most appropriate to help her compensate for having a short right leg. On August 28, 2015, utilization review denied a request for a scanogram of the bilateral limbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scanogram of bilateral limbs: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanjeev Sabharwal, MD and Ajay Kumar, MD. Methods for Assessing Leg Length Discrepancy. Clin Orthop Relat Res. 2008 Dec; 466 (12): 2910-2922. Published online 2008 Oct 4. doi:10.1007/s11999-008-0524-9 accessed at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2628227/>.

Decision rationale: No relevant guidelines concerning measurement of leg length discrepancy (LDD) were identified on search of MTUS, ODG, or the National Guidelines Clearinghouse website. In a 2008 review of systematic literature search which identified 42 articles dealing with various assessment tools for measuring LLD, Sabharwal and Kumar concluded: "While several studies noted that the scanogram provided reliable measurements with minimal magnification, a full-length standing AP computed radiograph (teleoroentgenogram) is a more comprehensive assessment technique, with similar costs at less radiation exposure." The authors also noted that a scanogram cannot detect angular deformities of the lower limb and may underestimate the LLD in patients with discrepancies in foot height. Given the documented history of foot deformity in this case s/p old metatarsal fracture, this would appear to be of concern. There is no documented rationale as to why a scanogram would be the preferred imaging study for this case, as opposed to a teleoroentgenogram. Medical necessity is not established for the requested scanogram.