

Case Number:	CM13-0043095		
Date Assigned:	12/27/2013	Date of Injury:	08/07/1997
Decision Date:	02/24/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 physician 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:

The patient is a 70-year-old male who reported a work related injury on 08/07/1997, mechanism of injury was result of a fall. The patient current presents for treatment of the following diagnoses, fibromyalgia, myositis, ankle/foot degenerative joint disease, and CRPS type 1. The clinical notes document the patient was status post a total knee replacement to the right, specific date of procedure not stated. The clinical notes evidence the patient required further surgical interventions on 02/24/2014 as a result of infection to the right knee prosthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enoxaparin injectable 4.20% 30/0.3mL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation RXlist.com.

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 Chapter.

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence to support the requested intervention at this point in the patient's treatment. The most recent clinical note is dated from 09/24/2013 in which the provider, [REDACTED]

██████ reports the patient had stated hardware to the right knee would be removed with subsequent full revision being performed at a later date to ensure the patient's staph infection about the knee had resolved. As the clinical notes failed to document the patient in fact has undergone surgical interventions to the right knee, the current request is not supported. The Official Disability Guidelines indicate to recommend identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapies. For patients undergoing total hip replacement or total knee replacement, ACCP recommends the optimal use of mechanical thromboprophylaxis with the venous foot pump or intermittent pneumatic compression for patients with high risk of bleeding. Given all the above, the request for Enoxaparin injectable 4.20% 30/0.3 mL not medically necessary or appropriate.