

Case Number:	CM13-0054344		
Date Assigned:	12/30/2013	Date of Injury:	10/07/2011
Decision Date:	10/31/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/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 injured worker is a 56-year-old male who reported an injury on 10/07/2011 after suffering an injury to the left knee and lower back when he tripped in the parking lot at [REDACTED], twisting his knee and experiencing an acute onset of pain. The injured worker complained of left knee pain with a diagnosis of lumbar sprain/strain, left lumbar radiculopathy, lumbar degenerative disc disease, and left knee sprain/strain, residual left knee inflammation, left knee peroneal neuropathy, and left knee neuropathic pain. The diagnostics included an MRI dated 02/27/2012 that revealed a mild sprain to the MCL and medial capsule with degenerative tear of the medial meniscus. Prior surgeries included a left knee arthroscopy dated 06/12/2013. The past treatments included medication and cognitive behavioral therapy. The examination dated 09/27/2013 of the left knee revealed chronic swelling 1 to 2+; no redness or warmth and lacked 4 degrees of full extension. The flexion was 110 degrees with significant pain; significant patellofemoral crepitation which was audible; generalized tenderness about the femoral condyles medially and laterally. A negative Lachman's with no posterior sag. The treatment plan included Lovenox. The Request for Authorization was not submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 LOVENOX 40MG: 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 Other Medical Treatment Guideline or Medical Evidence: Medicine Net.com

Decision rationale: The Medicine Net.com indicate that enoxaparin (Lovenox) is a medication prescribed for preventing deep vein thrombosis (DVT) and pulmonary embolism after surgeries such as abdominal, hip or knee replacement, and in patients with reduced mobility due to illness. Lovenox is also prescribed to prevent a second heart attack and related complications after a heart attack, and for preventing blood clots in arterial stents. Side effects, drug interactions, and dosing information should be reviewed prior to taking this medication. The prior request for a proposed left total knee replacement surgery had not been met based on medical necessary. Therefore there is no need for the request of Lovenox. The request did not address the route or frequency. Therefore the request for 10 Lovenox 40 mg is not medically necessary.