

Case Number:	CM13-0055611		
Date Assigned:	12/30/2013	Date of Injury:	01/23/2008
Decision Date:	03/28/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/21/2013

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 Family Practice and is licensed to practice in Texas. 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 66-year-old female who reported an injury on January 23, 2008. The mechanism of injury involved a fall. The patient is diagnosed with severe osteoarthritis in the left knee. The patient was seen by [REDACTED] on November 06, 2013. The patient failed conservative treatment and was admitted for a left total knee replacement. Physical examination revealed an antalgic gait, varus alignment on the left, 10 degrees flexion contracture, patellofemoral crepitus, medial joint line tenderness, and intact sensation. The patient subsequently underwent a left total knee replacement by [REDACTED] on November 06, 2013. The patient completed a course of inpatient physical therapy and was discharged on November 10, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lovenox 30mg subcutaneously every day for 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Venous Thrombosis

Decision rationale: The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Aspirin may be the most effective choice to prevent pulmonary embolism and venous thromboembolism in patients undergoing orthopedic surgery. As per the documentation submitted, the patient has undergone a total knee replacement. However, there was no indication that the patient was at high risk of developing a venous thrombosis. There was no indication of a contraindication to aspirin, as recommended by Official Disability Guidelines for orthopedic surgery. The patient was also issued authorization for postoperative VascuTherm compression garments. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.