

Case Number:	CM13-0070624		
Date Assigned:	01/08/2014	Date of Injury:	07/16/2013
Decision Date:	08/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 Occupational 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 patient is a 32 year old male who was injured on 07/16/2013. The patient underwent arthroscopic partial medial and lateral meniscectomies, left knee on 01/17/2014. He has had 11/12 sessions of physical therapy. Diagnostic studies reviewed include MRI of the left knee dated 10/04/2013 demonstrated medial meniscus posterior horn oblique cleavage tear extending from middle third inferior articular surface to peripheral margin with 9x6 mm parameniscal cyst laterally. Medial meniscus midbody inner edge tiny vertical tear is also noted. There were intact ligaments and tendon. Ortho note dated 04/09/2014 states the patient presented with left knee pain. He described it as burning, piercing, sharp and throbbing with associated symptoms including locking, popping, and buckling. The pain is relieved by physical therapy. He reported his knee gave out during physical therapy. He reported his medication was not helping with pain. On examination of the left knee, he has atrophy and effusion present. He has mild crepitation of the patella. AROM revealed extension to 0 degrees and flexion to 135 degrees. Range of motion revealed extension to 0 degrees and flexion to 135 degrees. The patient was recommended to continue with physical therapy twice a week for 9 weeks to work on strength and stability; Tramadol was requested for pain. The reports mentioned in the prior UR were not available for review and the progress notes submitted are illegible. Prior utilization review dated 12/12/2013 states the request for Lovenox 100 mg injections #10 has been partially certified for Lovenox 100 mg injections #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOVENOX 100 MG INJECTIONS #10: Overturned

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

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: <http://www.drugs.com/lovenox.html>www.pdr.net.

Decision rationale: This is a request for Lovenox injections #10 for a 32-year-old male taking Coumadin on a chronic basis for aortic valve replacement. The patient needed anticoagulant coverage peri-operatively for left knee arthroscopy on 1/17/14. For the above purpose indicated the request for Lovenox is medically necessary.