

<b>Case Number:</b>	CM14-0102578		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/04/1994
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 59-year-old woman who sustained a work related injury on October 4, 1994. Subsequently, she developed chronic right knee pain. The patient underwent a right knee replacement on March 10, 2011 and a revision knee replacement on April 19, 2012. The patient also had a right lumbar paravertebral sympathetic block with intravenous sedation and fluoroscopic supervision performed on December 10, 2013. According to the progress report dated May 12, 2014, the patient continued to complain of pain in her knee, most prominently around the very inferior portion of the wound where there were some sutures present that was quite painful just to touch. The patient had a bone scan, which showed some mild increased activity in the right knee arthroplasty; however, it had decreased since the last study that she had had. On examination, her knee showed some healing abrasion over the anterior lateral aspect of the knee from a fall. She did not appear to have significant effusion or warmth in her knee. She was very tender right along the most inferior portion of the scar. Her ligaments are stable. The patient was diagnosed with painful total arthroplasty. The provider requested authorization for Lovenox 40mg Syringe.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lovenox 40mg Syringe:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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.rxlist.com/lovenox-drug.htm> >

**Decision rationale:** Lovenox is a sterile aqueous solution containing enoxaparin sodium, a low molecular weight heparin. It is used for the treatment and prevention of deep venous thrombosis. There is no clear evidence that the patient was diagnosed with deep venous thrombosis or has an increased risk deep venous thrombosis. Therefore, the request for Lovenox 40mg Syringe is not medically necessary.