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| Case Number: | CM14-0013440 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 11/05/2008 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 01/07/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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 Orthopedic Surgery 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 65 year old female who sustained an industrial injury on 11/5/2008. The previous peer review dated 1/20/2014 certified the request for left hip arthroplasty. The requests for pre-op internal medicine clearance and 21 days post-op Lovenox 30mg were non-certified, the requests were not medically necessary or appropriate in the case of this patient. The 7/1/2014 progress report indicates the patient has ongoing complaints of left shoulder, bilateral wrist, left hip and left knee pain. In regards to the left hip, she has had increased pain since the last visit. She has been authorized left total hip replacement. She continues to put off surgery. She continues to await authorization for injection; her last injection was in June 2013. Pain is rated 7/10. Physical examination documents full and symmetrical AROM and PROM, no tenderness, no instability, negative Faber and Trendelenburg, no leg length discrepancy, and normal neurological exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pre-Operative Internal Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, Pages 92-93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Preoperative testing, general & Preoperative lab testing

Decision rationale: According to the Official Disability Guidelines, preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The patient is a 65 year old female who was provided authorization for left hip arthroplasty in January 2014, however, continues to hold off surgery at this time. According to the guidelines, reasonable and acceptable pre-operative clearance can be undertaken by the surgeon, which would include obtaining the patient's history and physical examination, as well as ordering standard preoperative testing as deemed medically necessary. The medical records do not establish the patient has clinically significant medical history that establishes the medical necessity for internal medicine consult for pre-operative clearance.

21 Days of Post-Operative Lovenox 30mg: 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 Official Disability Guidelines (ODG), Hip and Pelvis, Enoxaparin

Decision rationale: CA MTUS is silent regarding the request. According to the Official Disability Guidelines, Enoxaparin is not recommended. In patients undergoing orthopedic surgery, 2.5 mg of fondaparinux sodium once daily, starting 6 hours postoperatively, showed a major benefit over enoxaparin, achieving an overall risk reduction of venous thromboembolism (VTE) greater than 50% without increasing the risk of clinically relevant bleeding. A once daily, 10-mg oral dose of rivaroxaban was significantly more effective for extended thromboprophylaxis than a once-daily, 40-mg subcutaneous dose of Enoxaparin in patients undergoing elective total hip arthroplasty. The patient is a 65 year old female who was provided authorization for left hip arthroplasty in January 2014, however, continues to hold off surgery at this time. The ODG states Lovenox is not recommended, as other DVT prophylaxis are statistically better and more effective than Enoxaparin. The request for Lenovox is not supported by the medical guidelines and is not medically necessary.