

Case Number:	CM14-0157093		
Date Assigned:	10/02/2014	Date of Injury:	05/13/2013
Decision Date:	12/18/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 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 38-year-old female who reported an injury on 05/13/2013. The mechanism of injury was not provided. The injured worker's diagnoses included patellofemoral chondromalacia with micro tear of the medial meniscus. The injured worker's past treatments included 12 sessions of postoperative physical therapy, a continuous passive movement machine, ice, and medications. The injured worker's diagnostic testing included an MRI of the left knee without contrast, performed on 07/22/2013, which is noted to reveal diffuse grade III chondromalacia, mild chronic grade I tendinosis, and trace fluid is non-distended Baker's cyst. The injured worker's surgical history included a right knee arthroscopic surgery on 12/20/2013. On 08/19/2014, the injured worker reported that she had progressed well. She reported that she was 11 days postoperative left knee diagnostic arthroscopy on 08/08/2014. She complained of some pain and discomfort around her left knee. Upon physical examination, the injured worker was noted with well healed arthroscopic portals. Her sutures were removed. There was no erythema, no drainage, and no evidence of infection noted. The patient did describe some calf tenderness on the left side, and a recommendation was made for an ultrasound of her left calf to rule out DVT. The injured worker's medications were not included in the documentation. The request was for Lovenox injection 100 mg/mL #10. The rationale for the request was not clearly provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lovenox injection 100 mg/ml #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary last updated 08/25/2014; regarding prophylactic measures

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

Decision rationale: The request for Lovenox injection 100 mg/mL #10 is not medically necessary. The Official Disability Guidelines may recommend identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3 fold greater following minor surgery, especially if injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle or ligament. Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variance. Studies have addressed the risk for thrombosis following major injury and minor events, including travel, minor surgery, and minor trauma, are linked with 3 fold increase risk for venous thrombosis. Those at high risk should be considered for anticoagulation therapy during the post hospitalization period. Aspirin may be most effective choice to prevent pulmonary embolism and venous thromboembolism in patients undergoing orthopedic surgery, according to a new study potential role for aspirin in these patients. Most patients receive prophylaxis only for the duration of their hospital stay, which averaged around 6 days. Risk also varied considerably by type of surgery, being highest after inpatient surgery for hip or knee replacement. They primarily recommend mechanical of VTE prophylaxis. The documentation did not provide sufficient evidence of risk level of developing venous thrombosis to consider providing prophylactic measures such as anticoagulation therapy. According to the guidelines, there is a greater risk for venous thrombosis with minor injuries in the leg. According to the guidelines, warfarin is an acceptable therapy in all patient groups, and unless contraindicated, mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay. While there is not enough evidence to determine which type of anticlotting medication is best, within the heparin class of medications, low molecular weight heparin was found to be superior to unfractionated to heparin. The injured worker did complain of calf tenderness on the left side. In the absence of documentation with sufficient evidence for the risk level for DVT, the request is not supported. Additionally, as the request was written, there was no frequency provided. Therefore, the request is not medically necessary.