

<b>Case Number:</b>	CM14-0171583		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/10/2011
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Minnesota. 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 56 year old female with severe degenerative joint disease of the right hip. She had undergone a left total hip arthroplasty in the past. The date of injury is 4/10/2011. A right total hip arthroplasty is authorized by UR. The disputed issues pertain to the duration of out-patient post-operative physical therapy, use of Lovenox for post-operative DVT (deep vein thrombosis) prophylaxis, and autologous blood transfusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: 12 out-patient Physical Therapy treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 11, 23.

**Decision rationale:** The guidelines indicate accelerated rehabilitation after a total hip arthroplasty is beneficial and reduces the need for hospital stay. The post-surgical physical medicine guidelines require an initial prescription of one half of the total number of treatments which is 12 out of 24 visits over 10 weeks. The guidelines do not differentiate between in-home and in-hospital out-patient physical therapy. An initial 6 in-home visits have been authorized by UR and additional visits in hospital as necessary depending upon documented functional

improvement to a maximum of 24 visits may be authorized. The physical medicine period for a total hip arthroplasty is 4 months. The request for 12 visits does not clarify if it pertains to in-home or in-hospital outpatient physical therapy. Therefore the request as stated is not medically necessary.

**Associated surgical service: 14 injections Lovenox 40mg (for post-op DVT prophylaxis after discharge from hospital): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Hip & Pelvis (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Subject: Hip, Pelvis Topic: Enoxaparin

**Decision rationale:** California MTUS does not address this issue. According to ODG guidelines Enoxaparin is not recommended for reduction of venous thromboembolism in patients undergoing orthopedic surgery. Other agents are superior. Fondaparinux sodium 2.5 mg, once daily starting 6 hours post-operatively, showed a major benefit over Enoxaparin achieving overall risk reduction of venous thromboembolism greater than 50% without increasing the risk of clinically significant bleeding. Rivaroxaban 10mg by mouth once daily was significantly more effective for extended thrombo-prophylaxis than Enoxaparin in patients undergoing elective total hip arthroplasty. Based upon the guidelines the request for Lovenox 40 mg 14 injections for post-operative use is not medically appropriate and necessary.

**Associated surgical service: 2 units autologous blood, pre-donated: 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 Other Medical Treatment Guideline or Medical Evidence: Joint United Kingdom Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee Guidelines

**Decision rationale:** California MTUS does not address this issue. ODG guidelines are also silent on autologous blood transfusion. The British Committee for Standards in Hematology guidelines was therefore used. Pre-deposit autologous donation was stimulated by concerns about viral transmission by donor blood during the HIV epidemic of early 1980s. Given the current remote risk of viral transfusion-transmitted infection by donor blood in developed countries, the rationale, cost-effectiveness of routine PAD has been severely questioned. BCSH (British Committee for Standards in Haematology) guidelines on PAD only recommend its use in exceptional circumstances which are not documented here. Based upon British Committee for Standards in Hematology guidelines for blood transfusion services the request for autologous blood transfusion is not medically necessary.

