

Case Number:	CM14-0180486		
Date Assigned:	11/05/2014	Date of Injury:	02/20/2013
Decision Date:	12/22/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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:

55 year old claimant with reported industrial injury on 2/20/13. The claimant is status post a right total hip arthroplasty on July 23, 2014. Exam note September 2, 2014 demonstrates patient is able to control pain with medication. There is minimal pain postoperatively and there is no evidence of swelling. Exam of the right hip demonstrates a limited examination secondary to pain. There is no tenderness no signs of infection. Diagnosis is made for left's hip osteoarthritis. Request is made for Lovenox 40 mg SQ daily for 14 days. Radiographs from September 2, 2014 demonstrate good alignment of the right total hip prosthesis. There is moderate osteoarthritis noted at the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lovenox 40 mg SQ daily times 14 days quantity 14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lovenox. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy". In this case if the left total hip replacement is authorized Lovenox for 14 days post-operatively would be recommended to prevent venous thrombosis, a known complication of hip and knee arthroplasty. Therefore the request is medically necessary.