MAXIMUS Federal Services

Case Number:	CM14-0042096		
Date Assigned:	06/30/2014	Date of Injury:	09/12/2006
Decision Date:	08/14/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/07/2014

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 Family Medicine and is licensed to practice in Arizona. 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 61-year-old male with a date of injury on September 12, 2006. Subjective complaints are of left knee pain. Physical exam shows left knee with decreased range of motion with global pain in both knees. Knee x-rays from March 10, 2014 show tricompartmental degenerative changes. Diagnoses are of bilateral severe degenerative osteoarthritis of the knees, and lumbar strain. The patient was recommended for a knee replacement on the left knee. Prior utilization review non-certified the request for mupirocin and Lovenox due to the surgery not yet being authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mupirocin (2%, 22g ointment -5-days before surgery): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information - Preoperative use of mupirocin (www.ncbi.nlm.nih.gov).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information PubMed Database - (www.ncbi.nlm.nih.gov/pubmed).

Decision rationale: The California MTUS/ACOEM Guidelines and the Official Disability Guidelines do not address the request for Mupirocin. Alternate peer-reviewed literature suggests that administration of mupirocin before surgery is a cost saving therapy to reduce healthcare-associated infections. Therefore, if the patient proceeds to surgery the use of mupirocin is medically necessary.

Lovenox (40mg, #10): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg: Venous Thrombosis; and on the Non-MTUS Antithrombotic Therapy and Prevention of Thrombosis, 9th ed., American College of Chest Physicians Evidence -Based Clinical Practice Guidelines.

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

Decision rationale: The Official Disability Guidelines recommend identifying subjects who are at a 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. Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. For this patient, total knee replacement is being considered. Therefore, use of Lovenox for venous thrombosis prophylaxis is consistent with guideline recommendations, and is medically necessary if patient proceeds to surgery.