

<b>Case Number:</b>	CM14-0055140		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/23/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Occupational Medicine 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:

This is a 66-year-old female with a date of injury of 1/23/08. The mechanism of injury occurred when she slipped and fell, landing on her knees. On 7/2/14, she complained of ongoing right knee pain, and is scheduled to have a total knee arthroplasty on 7/9/14. She was unable to undergo surgery as previously scheduled in 5/14 due to elevated hypertension, which she states is now under control. Physical exam was deferred. The diagnostic impression is s/p left knee arthroscopy 5/10/12, and degenerative joint disease of bilateral knees. Treatment to date: surgery, medication management. A UR decision dated 4/9/14, modified a request for Lovenox (enoxaparin) 10mg, to Lovenox 10mg, quantity sufficient for 14 days supply. Guidelines support the use of Lovenox as a prophylaxis against deep venous thrombosis. In this case, a total knee arthroplasty is a high-risk procedure for deep venous thrombosis and there is the potential for pulmonary embolism. Lovenox has been shown to be beneficial with respect to prophylaxis in this clinical setting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lovenox 10 mg:** 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) Knee Chapter.

**Decision rationale:** CA MTUS does not address this issue. ODG states that oral rivaroxaban 10 mg once daily for 10 to 14 days was significantly superior to subcutaneous enoxaparin 30 mg given every 12 hours for the prevention of venous thromboembolism (VTE) after total knee arthroplasty. However, the request for Lovenox 10mg did not specify a quantity. The UR decision modified the request for Lovenox 10mg (no quantity), to Lovenox 10mg (14 days supply) because of guideline support of the use of Lovenox prophylactically for the prevention of venous thromboembolism (VTE) after total knee arthroplasty. The request as stated cannot be supported due to an absent of quantity required. Therefore, the request for Lovenox 10mg was not medically necessary.