

<b>Case Number:</b>	CM14-0186889		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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, has a subspecialty in Occupational Medicine and is licensed to practice in Massachusetts, New Hampshire and New York. 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 54-year-old male who reported an injury on 01/27/2012. The injured worker reportedly sustained a left knee laceration while working with a tree trimmer. The current diagnoses include status post right knee arthroscopy, status post medial meniscectomy, development of DVT, status post inferior vena cava filter placement, and recurrent meniscal tear in the right knee. The injured worker presented on 09/29/2014 with complaints of severe right knee pain. Physical examination revealed a positive McMurray's sign, significant pain with swelling, medial joint line tenderness, effusion, and positive patellofemoral crepitation. Treatment recommendations at that time included medical clearance prior to an additional knee surgery, a prescription for Coumadin, and a prescription for Norco. A request for authorization form was then submitted on 09/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Testing, General

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. The Official Disability Guidelines (ODG) state preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. According to the documentation provided, it was noted that the injured worker is currently a candidate for further knee surgery. However, there is no indication that this injured worker is currently scheduled for a surgical procedure. Therefore, the medical necessity has not been established. As such, the request is not medically necessary.

**Unknown prescription of Coumadin:** 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 [www.nlm.nih.gov](http://www.nlm.nih.gov). U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Warfarin. Updated: 24 Dec 2014.

**Decision rationale:** According to the US National Library of Medicine, warfarin is used to prevent blood clots from forming or growing larger in the blood and blood vessels. It can be prescribed for patients with certain types of irregular heartbeat, patients with prosthetic heart valves, and patients who have suffered a heart attack. It is noted that the injured worker has been diagnosed with a deep vein thrombosis following prior knee surgery. While the ongoing use of Coumadin can be determined as medically appropriate in this case, there is no strength, frequency, or quantity listed in the request. Therefore, the request is not medically appropriate.