

Case Number:	CM14-0065100		
Date Assigned:	07/11/2014	Date of Injury:	01/21/2014
Decision Date:	01/31/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/07/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine, 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:

The patient is a 52 year old male with a date of injury of 01/22/2014. The cause of the injury occurred when the worker was loading and locking a canopy into a truck and the base of the canopy struck the back of the worker's right leg at the calf and thigh. The current diagnosis includes severe right hip osteoarthritis. Previous treatment includes medications and a cane. MRI results from 02/19/2014, and electromyogram dated 03/07/2014 were included in the documentation submitted for review. Report dated 03/03/2014, states that the patient presents with pain in his calf and hamstrings and complaints of difficulty walking. There was intermittent pain from his right gluteal region over the dorsum of his thigh and leg and into the bottom of his foot. The patient reported that none of his medications are providing any relief at this time. Physical examination revealed positive straight leg raise at 5 degrees, decreased sensation in the right saddle region, right popliteal pressure causes an increased pain of his right posterior thigh, right leg and foot, and moderate to severe tenderness at the hamstring calf. A request for authorization dated 04/09/2014 indicates that the patient is pending a right total hip replacement and will need Lovenox education following the procedure. On 04/07/2014 the patient was placed on sedentary work restrictions. The utilization review performed on 04/25/2014 non-certified a prescription for one registered nurse visit for Lovenox education.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) registered nurse (RN) visit for Lovenox education: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis Home health services

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health aide Page(s): 51. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.lovenox.com>, LOVENOX®

Decision rationale: This patient has been scheduled for right total hip replacement, and the treating physician is requesting a registered nurse to visit the patient at home to teach the patient how to self-inject Lovenox. The current request is for one (1) registered nurse (RN) visit for Lovenox education. According to <http://www.lovenox.com>, "Lovenox helps reduce the risk of deep vein thrombosis--also known as DVT blood clots--to help avoid a potential pulmonary embolism in patients undergoing abdominal surgery, hip-replacement surgery, knee-replacement surgery, or medical patients with severely restricted mobility during acute illness." The MTUS page 51 has the following regarding home health care services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound on a part-time or intermittent basis generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case, the treating physician has not provided the medical necessity for the medication Lovenox. In addition, the MTUS Guidelines recommends home health care assistance for patients that require medical treatment that are homebound and there is no discussion of such. The requested RN visit for Lovenox education is not medically necessary.