

<b>Case Number:</b>	CM15-0008500		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 70-year-old male who sustained a work related injury 06/16/2011. The injured worker is s/p right total knee replacement 07/2014. The current diagnoses include bilateral knee strain/sprain, osteoarthritis, status post right knee arthroplasty, and left total knee derangement. The injured worker presented on 11/04/2014 for an orthopedic evaluation. It was noted that the injured worker was progressing well following a right total knee arthroplasty. The right knee has healed and the injured worker reported only mild aching at night, for which he utilizes Advil. The injured worker also reported mild difficulty with cervical and lumbar spine. The injured worker was actively participating in a course of physical therapy for the right knee. Upon examination of the left knee, there was tenderness present over the medial and lateral aspects, mild swelling, mild effusion, positive McMurray's sign, mildly positive varus/valgus stress test, negative instability, slightly limited flexion at 130 degrees, and 5/5 motor strength. The physician recommended a left total knee arthroplasty. A Request for Authorization form was then submitted on 11/04/2014 for postoperative home health care, medications, and durable medical equipment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 8mg Qty 10: 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) Chronic Pain Chapter, Ondansetron, Antiemetic.

**Decision rationale:** The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. It has been FDA-approved for nausea and vomiting secondary to radiation and chemotherapy. It is also FDA-approved for postoperative use, as well as for acute gastroenteritis. In this case, it was noted that the injured worker was pending authorization for a left total knee arthroplasty. A short course of Zofran may be indicated postoperatively. However, the current request does not include a frequency. Therefore, the request is not medically necessary at this time.

#### **20 Post-Operative Lovenox 30mg injections: 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 California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. Updated: 28 April 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Enoxaparin.

**Decision rationale:** According to the U.S. National Library of Medicine, Lovenox is used to prevent blood clots in the leg in patients who are on bed rest or who are having hip replacement, knee replacement, or stomach surgery. It is used in combination with aspirin to prevent complications from angina and heart attacks. In this case, it is noted that the injured worker is pending authorization for a left total knee arthroplasty. However, there is no indication that his injured worker is at high risk of developing a postoperative DVT. The request as submitted also failed to indicate a specific frequency. Therefore, the request is not medically necessary at this time.

#### **Post Operative Evaluation by an R.N. after the first 24 hours the patient is home or the day after: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**Decision rationale:** The California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis. The medical necessity for a postoperative evaluation by an RN has not been established in this case. It was noted that the injured worker was pending authorization for a left total knee arthroplasty. However, there was no indication that this injured worker would be homebound following surgery. The medical necessity has not been established. Therefore, the request is not medically necessary.

**Ice Unit:** 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 & Leg Chapter, Continuous flow cryotherapy.

**Decision rationale:** The Official Disability Guidelines recommend continuous flow cryotherapy for up to 7 days following surgery. While it is noted that the injured worker is pending authorization for a left total knee arthroplasty, the current request for an ice unit purchase would exceed guideline recommendations. Therefore, the request is not medically necessary at this time.