

Case Number:	CM15-0149270		
Date Assigned:	08/12/2015	Date of Injury:	06/17/2014
Decision Date:	09/14/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/31/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 sustained an industrial injury on 6-17-14. The injured worker has complaints of right knee pain. Right knee examination on July 9, 2015 reveals there is mild varus deformity with significant medial pseudolaxity of the right knee and severe tenderness of the medial joint line with pain on medial loading of the joint. The diagnoses have included right knee sprain; right knee tear of the medial meniscus status post right knee arthroscopy, partial medial meniscectomy and right knee bone-on-bone medial compartment arthritis. Treatment to date has included cortisone injections and physical therapy. The request was for xaralto 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xaralto 10mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Hip Chapter, Rivaroxaban.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com Drug information.

Decision rationale: The MTUS is silent regarding the use of xarelto for DVT prophylaxis following a total knee replacement. According to UptoDate.com, xarelto is used for postoperative thrombophylaxis of deep vein thrombosis (DVT) which may lead to pulmonary embolism in patients undergoing knee or hip replacement surgery. The documentation support that the patient has severe osteoarthritis and has failed conservative care. The plan is for knee surgery and post-operative thrombophylaxis with xarelto 10mg daily. The request is medically necessary to prevent venous thrombo-embolism post-operatively.