

Case Number:	CM15-0165330		
Date Assigned:	09/02/2015	Date of Injury:	02/12/2007
Decision Date:	10/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/24/2015

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, California
 Certification(s)/Specialty: Family Practice

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 2-12-2007. He has reported injury to the left knee and has been diagnosed with left knee arthritis. Treatment has included medications, physical therapy, and surgery. Sensation was intact in all dermatomes. There were 2+ reflexes in the patellae and Achilles. There was negative Achilles clonus and negative straight leg raise. The left knee had tenderness to palpation over the medial and lateral joint lines. The treatment plan included surgery. The treatment request included 14 subcutaneous injections of lovenox 40 mg for 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 Subcutaneous Injections of Lovenox 40mg for 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ACOEM Knee & Leg Chapter.

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 and pg 69.

Decision rationale: According to the guidelines, venous embolism prophylaxis is recommended in those going knee surgery. There is limited evidence for the use of Lovenox. Aspirin with compression has shown to be effective post operatively. In this case, there is no mention of other hypercoagulable risk factors. As a result, the request for Lovenox is not medically necessary. As a result, the request for Lovenox is not medically necessary.