

<b>Case Number:</b>	CM15-0192166		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 74-year-old woman sustained an industrial injury on 2-24-2014. Diagnoses include right wrist triangular fibrocartilage complex tear, severe degenerative joint disease of the right knee, left knee pain due to overcompensation of the right knee, and left wrist strain rule out triangular fibrocartilage complex tear. Treatment has included oral medications and use of a cane. Physician notes on a PR-2 dated 9-15-2015 show complaints of bilateral upper and bilateral lower extremity pain rated 8 out of 10. Physical examination shows left knee range of motion 0-120 degrees, with moderate effusion and marked medial joint line tenderness and moderate patella grind, strength and sensation are intact. Recommendations include left knee replacement, seven-day cold therapy unit rental, 14-day continuous passive motion machine rental, Norco, physical therapy, and three-day inpatient stay. Utilization Review modified a request for post-operative Lovenox injections on 9-30-2015..

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Lovenox 30mg, Qty: 28 injections:** Overturned

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG) 2015, Knee and Leg Chapter-  
Lovenox, Rivaroxaban.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg section, venous thrombosis.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Lovenox. According to the ODG, knee and leg section, venous thrombosis, 'Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy'. In this case, if the total knee replacement is authorized Lovenox for 30 days postoperatively would be recommended to prevent venous thrombosis, a known complication of hip and knee arthroplasty. Therefore, the determination is medically necessary.