

<b>Case Number:</b>	CM15-0023576		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 49-year-old female who reported an injury on 09/16/2011. The current diagnoses include articular cartilage disorder of the pelvic region, depressive disorder, inguinal hernia and lumbar sprain/strain. The latest physician progress report submitted for review is documented on 12/22/2014. It was noted that the injured worker had been previously treated with a right hip Synvisc 1 injection. The injured worker has also been treated with anti-inflammatory medication, rest and activity modification without an improvement in symptoms. Upon examination of the right hip, there was pain with flexion and internal rotation, 110 degrees of flexion, 5 degree internal rotation, 40 degree external rotation and positive faber sign. Due to a failure of conservative treatment, the provider recommended a total hip arthroplasty. It was also noted that the injured worker would be placed on DVT prophylaxis both in the hospital and while at home. There was no Request for Authorization form submitted for the current request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Levenox injections 40mg #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. Updated: 02 March 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Enoxaparin. Enoxaparin is used to prevent blood clots in the leg in patients who are on bedrest or who are having hip replacement, knee replacement, or stomach surgery. It is used in combination with aspirin to prevent complications from angina (chest pain) and heart attacks. It is also used in combination with warfarin to treat blood clots in the leg. Enoxaparin is in a class of medications called low molecular weight heparins. It works by stopping the formation of substances that cause clots.

**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 bedrest or who are having hip replacement, knee replacement or stomach surgery. In this case, it was noted that the injured worker had been denied authorization for the requested total hip arthroplasty. Therefore, the medical necessity for an anticoagulant has not been established in this case. Additionally, there was no indication that this injured worker was at high risk for developing a postoperative venous thrombosis. There was no mention of a contraindication to standard oral anticoagulation therapy as opposed to injection therapy. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically necessary and appropriate.