

Case Number:	CM15-0045240		
Date Assigned:	03/17/2015	Date of Injury:	07/05/2012
Decision Date:	04/23/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/10/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64-year-old female who sustained an industrial injury on 7/5/12. The injured worker reported symptoms in the left knee. The injured worker was diagnosed as having osteoarthritis left knee. Treatments to date have included anti-inflammatory medications, oral pain medications, physical therapy, corticosteroid injection, external joint support, elevation, heat/ice application, rest, cane, crutches, walker, and status post total left knee arthroplasty on 2/24/15. Currently, the injured worker complains of left knee pain. The plan of care was for a medication prescription and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enoxaparin Sodium: 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 Enoxaparin. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Exonaprin “ Not recommended. In patients undergoing orthopedic surgery, 2.5 mg of fondaparinux sodium once daily, starting 6 hours postoperatively, showed a major benefit over enoxaparin, achieving an overall risk reduction of venous thromboembolism (VTE) greater than 50% without increasing the risk of clinically relevant bleeding. (Turpie, 2002) A once daily, 10-mg oral dose of rivaroxaban was significantly more effective for extended thromboprophylaxis than a once-daily, 40-mg subcutaneous dose of enoxaparin in patients undergoing elective total hip arthroplasty.” (Eriksson, 2008) The patient was started on Xalerto and the need for another anticoagulant is unclear. Therefore, the request for Enoxaparin is not medically necessary.