

<b>Case Number:</b>	CM15-0047539		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 an 80 year old male, who sustained an industrial injury on 3/14/2013. The injured worker was diagnosed as having knee arthralgia and knee degenerative osteoarthritis. Treatment to date was not documented. According to the Primary Treating Physician's Progress Report dated 1/13/2015, the injured worker complained of constant moderate to severe left knee pain; he wanted to proceed with left knee replacement surgery. Physical exam revealed an antalgic limp on the left and bent-knee gait. Authorization was requested for postoperative lovenox injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lovenox Injections #14 (Dosage Not Specified):** Overturned

**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 ODG- knee chapter and venous thrombosis pg 68.

**Decision rationale:** According to the guidelines, it is recommended to identify subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. In this case, the claimant is having knee surgery and prophylaxis and post op management is appropriate and medically necessary to prevent venous thrombosis with Lovenox.