

<b>Case Number:</b>	CM14-0161671		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

There were 102 pages provided for this review. There was an application for independent medical review. It was dated September 23, 2014. There was a request for a walker, a CPM rental and a commode for purchase. The date of injury was June 18, 2012. There was also a review for the Fragmin or Lovenox for injection once per day for 14 days. The injured worker was awaiting a total knee replacement. The injured worker is a 72-year-old man who walks with a cane. The diagnoses were arthritis in the right knee, lumbar disc protrusions, status post epidural steroid injection and other issues. He sustained multiple injuries on different dates and also had continuous trauma. Surgery had not been done as of February 24, 2014. The application for independent medical review for the Fragmin or Lovenox was dated September 23, 2014. The injured worker had severe pain popping and locking and giving away of the left knee. He is described as a 73-year-old male who injured both of the knees back in 2012 reportedly from continuous trauma. He has severe left knee osteoarthritis. The MRI confirmed tricompartmental degenerative changes. He was initially treated with medications, pain, acupuncture and eight physical therapy visits. The injured worker still complains of left knee pain with popping, locking and giving away. It was not clear if the surgery was authorized first in this is why the Lovenox was non-certified. The notes from June 25, 2014 at the agreed medical evaluator indicated that the injured worker was a candidate to undergo right knee surgery. He does recommend a total right knee arthroplasty. I saw request for authorization for knee injections from March 6, 2014. There is a note that says he is status post right total knee replacement and he has osteoarthritis at the left knee. I did not find operative reports from the procedure on the left. There was another note from September 3, 2014 implying that the total knee replacement on the right had not yet taken place. It may be a revision of the total right knee arthroscopy

arthroplasty. Again there is no clear evidence that it was taking place or imminent. Therefore, the need for post-surgical injections was not reasonable.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Fragmin or Lovenox Injection, Once per Day 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Lovenox

**Decision rationale:** The MTUS and ODG are silent on these medicines. The Physician Desk Reference notes they are for blood clot prevention when a person has risk factors for deep venous thrombosis. Either of the medicines may be appropriate for a knee replacement due to the risk of immobility, and subsequent deep venous thrombosis. But there is no evidence that the surgery was done, or imminently is proceeding. Without the surgery, there is no need for these medicines. The request for Fragmin or Lovenox Injection, Once per Day for 14 Days is not medically necessary.