

<b>Case Number:</b>	CM13-0022888		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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:

The claimant is a 34 year old male presenting with right knee pain following a work related injury on 01/28/2013. The claimant complained of right knee popping and buckling as he was running. The claimant continued to complain of weakness and instability involving his right knee. MRI of the right knee was significant for mild interval healing of a 40% partial thickness tear involving the lateral aspect of the quadriceps tendon at its insertion on the superior pole of the patella. The physical exam was significant for manual muscle testing 3+/5 with knee extension, tenderness over the distal, quadriceps to the attachment at the superior pole of the patella, lateral compartment tenderness with range of motion 0 to 95 degrees. The claimant was diagnosed with industrial injury to the right knee, status post two surgeries to the right knee, degenerative arthritis of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT prophylaxis and antibiotics (peri-operative) Qty. 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Venous Thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Complaints, Treatment Consideration; [nlm.nih.gov/medlineplus/antibiotics.html](http://nlm.nih.gov/medlineplus/antibiotics.html).

**Decision rationale:** DVT prophylaxis and antibiotics (peri-operative) Qty. 1 is not medically necessary. Per Official Disability Guidelines, venous thrombosis is recommended in subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following minor injury, especially if injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle or ligament. Risk for venous thrombosis is higher in those with leg injury combined with family history of venous thrombosis (12-fold risk), Factor V Leiden mutation (50-fold risk), or Factor II 20210A mutation (9-fold risk). Further nih.gov states "antibiotics are powerful medicine that fight bacterial infections. Used properly, antibiotics can save lives. They either kill bacteria or keep them from reproducing. Your body's natural defenses can usually take it from there." The claimant does not have evidence of infection that his body's natural defenses cannot take care of. Additionally, there is no indication for DVT prophylaxis; therefore the request is not medically necessary.