

Case Number:	CM13-0023631		
Date Assigned:	11/15/2013	Date of Injury:	03/12/2006
Decision Date:	01/03/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/12/2013

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 Orthopedic Surgery 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 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.

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 67-year-old gentleman who was injured March 12, 2006. Clinical records for review include a recent September 12, 2013 assessment where the claimant was seen by orthopedic surgeon, [REDACTED]. Subjectively, there were complaints of left shoulder pain. It states at that time that he had been authorized for left shoulder arthroscopy with rotator cuff repair due to continued weakness. Physical examination showed positive Neer and Hawkins impingement testing. Working assessment was that of left shoulder rotator cuff tear and plan was for surgical intervention as outlined. In the interim, he was to continue with antiinflammatory agents, self-directed home exercises and work restrictions. At present, there is a request for use of Levaquin 750 mg dispense #20 and DVT prophylaxis. The request is from an August 8, 2013 authorization request indicating its need in the postoperative setting. The specific degree of DVT prophylaxis is not documented. The specific need for Levaquin is also not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levaquin 750mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, and Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Initial Approaches to Treatment, pages 47-48, which

are part of the MTUS; and the Official Disability Guidelines (ODG), Infections, Levofloxacin (Levaquin), which is not part

Decision rationale: California MTUS ACOEM Guidelines do not specifically address the medication in question; guidelines in general state "Consideration of comorbid conditions, side effects, cost, and efficacy of medication versus physical methods and provider and patient preferences should guide the physician's choice of recommendations". When looking at Official Disability Guideline criteria, Levaquin would not be supported in this case. While the claimant is noted to be undergoing surgical intervention to the shoulder, the postoperative role of Levaquin is not supported by Clinical Literature as a necessary recommendation of postoperative antibiotic use. Levaquin per Official Disability Guideline is recommended as first line treatment for osteomyelitis, bronchitis and pneumonia. Its role as a prophylactic agent following shoulder procedures is not supported. The specific request would not be indicated.

DVT prophylaxis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, and Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee, Venous Thrombosis..

Decision rationale: California MTUS ACOEM Guidelines are silent. When looking at Official Disability Guidelines, the role of protective venous thrombosis prophylaxis also would not be supported. The claimant is scheduled to be undergoing an outpatient shoulder arthroscopic procedure. His clinical records do not indicate specific risk factor for DVT for which prophylaxis would be indicated for this ambulatory upper extremity procedure. The specific request in this case would not be indicated.