

Case Number:	CM13-0033580		
Date Assigned:	12/06/2013	Date of Injury:	01/30/2006
Decision Date:	12/17/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/12/2013

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 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 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:

This is a 40-year-old male with a 1/30/06 date of injury. According to a progress report dated 7/25/13, the patient presented for an orthopaedic re-evaluation and has had progressively worsening symptoms over the last 3 years. He had difficulty with overhead activities with associated weakness. Objective findings: tenderness to the subacromial bursal space and shoulder girdle musculature, restricted shoulder range of motion. Diagnostic impression: industrial injury to the right shoulder, right upper extremity, and cervical spine; MRI studies of 6/22/11 of the right shoulder revealing partial rotator cuff tear, impingement, and bursitis; cervical spine MRI from 7/6/11 revealing disc protrusion at C4-5 and C5-6. Treatment to date: physical therapy. A UR decision dated 9/12/13 denied the requests for DVT prophylaxis and Antibiotics - Levaquin. This patient does not have a high risk of developing venous thrombosis. A request for diagnostic and operative arthroscopy of his right shoulder was certified in this UR decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Vein Thrombosis (DVT) Prophylaxis (Peri-Operative): 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 Official Disability Guidelines (ODG), Shoulder Chapter - Venous Thrombosis.

Decision rationale: CA MTUS does not address this issue. ODG recommends monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The shoulder is a lower risk area than the knees. However, the documentation submitted for review failed to indicate that this patient had any comorbidities that would place him at a significant risk factor for developing DVTs. In addition, an uncomplicated shoulder arthroscopy would be considered a low-risk procedure for the development of deep vein thrombosis. Therefore, the request for Deep Vein Thrombosis (DVT) Prophylaxis (Peri-Operative) is not medically necessary.

Antibiotics - Levaquin, quantity 20 - 750mg for 10 days (Peri-Operative): 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 'Antibiotic prophylaxis for arthroscopy of the knee: is it necessary?' (<http://www.ncbi.nlm.nih.gov/pubmed/17210420>).

Decision rationale: CA MTUS and ODG do not address this issue. Peer-reviewed literature states that there is no value in administering antibiotics before routine arthroscopic surgery to prevent joint sepsis. However, the documentation submitted for review failed to indicate the patient is undergoing a level of surgery that would require perioperative antibiotic therapy with Levaquin. There is a lack of documentation to indicate that this patient is at any significant risk factor for developing postoperative infection. Therefore, the request for Antibiotics - Levaquin, Quantity 20 - 750mg for 10 Days (Peri-Operative) is not medically necessary.