

Case Number:	CM13-0034450		
Date Assigned:	12/06/2013	Date of Injury:	01/09/2013
Decision Date:	04/24/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/15/2013

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:

The claimant is a 58-year-old female who was injured in a work related accident on January 9, 2013 sustaining injury to the right lower extremity. This was the result of a fall while at work. Clinical imaging includes an August 8, 2013 right knee MRI scan that demonstrates the claimant to be status post a prior meniscectomy with oblique tearing through the medial meniscus and subchondral change. Based on failed conservative measures, a right knee arthroscopy with meniscectomy and debridement was recommended for further definitive care. The clinical requests in this case are perioperative in nature; that of an assistant surgeon for the arthroscopic procedure in question as well as oral medications including Keflex, Zofran and vitamin C for perioperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

An assistant surgeon (for an approved right knee arthroscopy): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PHYSICIANS AS ASSISTANTS AT SURGERY 2007

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MILLIMAN CARE GUIDELINES 17TH EDITION: ASSISTANT SURGEON GUIDELINES.

Decision rationale: MTUS Guidelines are silent. When looking at Milliman Care Guidelines, an assistant surgeon for the role of a knee arthroscopy is not indicated. This specific request would not be medically

Keflex 500mg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PROPHYLACTIC ANTIBIOTICS IN ORTHOPAEDIC, LAURA PROKUSKI,MD J AM ACAD ORTHOP SURG MAY 2008, VOL. 16 NO.5

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: INFECTIOUS PROCEDURE - CEPHALEXIN (KEFLEX®).

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of Keflex in the perioperative setting would not be indicated. Typical standards of care would indicate the need for IV antibiotics prior to procedure in question. At present, there would be no clinical documentation or supportive measure to indicate the need of oral medication from an antibiotic point of view for the specific request at hand.

Zofran 4mg #1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), 18TH EDITION (2013 WEB

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: PAIN PROCEDURE - ANTIEMETICS (FOR OPIOID NAUSEA)

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of Zofran to be used perioperatively would be indicated. Postoperative antiemetics are indicated for anesthesia adverse effects. The role of this agent given the claimant's documentation of need for operative intervention would be supported.

Vitamin C #60: 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)--

OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: FOREARM, WRIST, HAND PROCEDURE - VITAMIN C

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of vitamin C is not supported. At present, there is no clinical reference or necessity for the use of vitamin C in the setting of an acute meniscal tear or in the setting of post arthroscopic intervention to the knee. The specific request in this case would not be medically necessary.