

Case Number:	CM13-0034815		
Date Assigned:	12/11/2013	Date of Injury:	07/03/2013
Decision Date:	02/10/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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. 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:

Application of Independent Medical Review Utilization Review Determination Medical Records from Claims Administrator Medical Treatment Utilization Schedule (MTUS) CLINICAL CASE SUMMARY The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The claimant is a 52-year-old male who suffered an injury to his right knee on September 3, 2013. The records provided for review state that this individual has symptomatic right knee pain. An MRI scan included in the records is consistent with a lateral meniscal tear. He has failed conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for deep vein thrombosis (DVT) prophylaxis: 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 Official Disability Guidelines.

Decision rationale: Evidenced based literature notes that patients may be at increased risk for deep vein thrombosis (DVT) following arthroscopic surgery. That said, there is no consensus

opinion regarding the need for DVT prophylaxis in this setting in the absence of a prior history of DVT and/or substantially increased risk over the general population. As such, the traditional recommendations such as TED stockings would appear to be most appropriate in that setting. There is no indication for more aggressive prophylaxis in this case based on careful review of the records provided.

The request for 20 Levaquin 750mg: 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 Official Disability Guidelines.

Decision rationale: The medical necessity of postoperative antibiotics cannot be supported in this particular case. Traditional preoperative antibiotics would be for 24 hours. There is no compelling information within the records provided to suggest why this individual would require a lengthier course of antibiotics. As such, the 10 day course of Levaquin as recommended in this case would not be considered reasonable or medically necessary.