

<b>Case Number:</b>	CM13-0041967		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Family Medicine, has a subspecialty in Preventive Medicine 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:

This 53 year old claimant sustained a knee injury on 2/19/13. An MRI of the left knee on 4/23/13 revealed a complex lateral meniscal tear. He had failed conservative therapy and required repair with possible debridement of the knee. He had no prior medical history except for an appendectomy and possible left knee surgery. Prior examinations noted a positive McMurray's sign and joint line tenderness. There were findings of prior knee infections or cellulitis. The treating physician had requested to use prophylactic Levaquin 10 days peri-operatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 1. Prophylactic Levaquin 750mg #20 for 10 days perioperatively: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antibiotic Prophylaxis to Prevent Surgical Site Infections- ALAN R. SALKIND, MD, and KAVITHA C. RAO, MD, University of Missouri- Kansas City School of Medicine, Kansas City, Missouri Am Fam Physician. 2011 Mar 1;83(5):585-590; as well as Infectious Disease Society of America Recommendations for Antibiotic Prophylaxis Peri-operatively- 2013.

**Decision rationale:** Prophylactic antibiotics should be discontinued within 24 hours of surgery completion (48 hours for cardiothoracic surgery). Current guidelines recommend that prophylactic antibiotics end within 24 hours of surgery completion. There is no documented benefit of antibiotics after wound closure in the reduction of surgical site infections. However, guidelines from the Society of Thoracic Surgeons recommend that antibiotic prophylaxis be continued for 48 hours after the completion of cardiothoracic surgery due to the effects of cardiopulmonary bypass on immune function and antibiotic pharmacokinetics. There is no evidence to support using prophylactic antibiotics for longer than 48 hours. Antibiotics given for implantation of a pacemaker or defibrillator should be discontinued within 24 hours of surgery. In addition, for Orthopedic Cases, Cefazolin, cefuroxime sodium, or vancomycin are recommended for Staph coverage. The IDSA recommends no prophylaxis for low risk patients undergoing knee surgery. Based on the above guidelines Levaquin for 10 days is not medically necessary.