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| <b>Case Number:</b>   | CM13-0046977 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 06/27/2009 |
| <b>Decision Date:</b> | 02/24/2014   | <b>UR Denial Date:</b>       | 10/08/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/01/2013 |

### 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:

The patient is a 60 year old male with left knee pain who sustained an industrial injury on 6/27/09. The exam note documents left knee pain secondary to cumulative trauma from 1/18/80 through 6/27/09. Physical examination demonstrates tenderness along medial and lateral joint line. An MRI of the left knee on 8/19/13 demonstrates sprain of medial collateral ligament complex. Also, there was lateral meniscus fraying and lateral compartment osteoarthritis. Furthermore, a left knee arthroscopy has been certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT prophylaxis and antibiotics (levaquin 750mg, #20) 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 Official Disability Guidelines (ODG), Knee Chapter, Venous Thrombosis.

**Decision rationale:** In this case there was insufficient evidence in the records reviewed of the patient being at high risk for venothromboembolism. The patient is also undergoing a knee

arthroscopy which has low risk of venothromboembolism. Therefore, the decision for DVT prophylaxis with chemical means is non-certified.