

Case Number:	CM13-0047943		
Date Assigned:	12/27/2013	Date of Injury:	09/09/2001
Decision Date:	07/31/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/04/2013

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 52-year-old female who twisted her left knee while stepping off a bus on September 9, 2001. The records available for a review document a diagnosis of left knee osteoarthritis. No other clinical information is provided. The records document a request for left knee diagnostic and operative arthroscopy with meniscectomy versus repair and possible debridement. This request is for 20 doses of oral Levaquin for use post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 TABLETS OF LEVAQUIN 750 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter, Infectious Diseases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: infectious procedure -Levofloxacin (Levaquin®) Recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia (CAP). See Bone & joint infections: osteomyelitis, acute; Lower respiratory infections: chronic bronchitis; & Lower respiratory infections: pneumonia (CAP).

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Official Disability Guidelines do not support the use of Levaquin in this case. While the medication is being requested for post-operative prophylaxis, current standards of care do not support the use of Levaquin specifically as a perioperative antibiotic for a knee-related procedure or the use of cephalosporins generally for routine perioperative antibiotic administration. For these reasons, this request is not medically necessary.