

Case Number:	CM13-0066855		
Date Assigned:	06/09/2014	Date of Injury:	05/26/2011
Decision Date:	08/01/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/17/2013

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 40-year-old who sustained an injury to the right shoulder in a work related accident on November 22, 2013. The Utilization Review report of December 3, 2013 certified the request for right shoulder revision arthroscopy with subacromial decompression, distal clavicle resection and rotator cuff repair. It also certified the role of an assistant surgeon and postoperative physical therapy. This review is for medical clearance and DVT prophylaxis with the perioperative use of Levaquin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL CLEARANCE: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines would not support the request for medical clearance for the

claimant's arthroscopy of the shoulder. The medical records do not identify any underlying comorbid conditions or medical history that would require preoperative evaluation. his specific request in this otherwise healthy 40-year-old gentleman would not be supported. The request for medical clearance is not medically necessary or appropriate.

DVT (deep vein thrombosis) prophylaxis: 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure -Venous thrombosis.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, DVT prophylaxis would not be indicated. The medical records do not document a history of any comorbidities that would place this claimant at risk for deep vein thrombosis as a result of the surgery. There is no indication of a prior venothrombotic event or underlying comorbid condition indicative of venothrombotic event. The request for a DVT prophylaxis is not medically necessary or appropriate.

Levaquin 750 mg, twenty count: 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) 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: The California MTUS and ACOEM Guidelines do not address the use of Levaquin. Based on the Official Disability Guidelines, the request for Levaquin for perioperative antibiotic purposes also would not be indicated. At present Levaquin, or the use of Fluoroquinolones, is not the standard of care for routine prophylaxis during the perioperative treatment of orthopedic conditions. This typically would be reserved for cephalosporins. The specific request for Levaquin 750 mg, twenty count, is not medically necessary or appropriate.