

Case Number:	CM13-0068537		
Date Assigned:	01/03/2014	Date of Injury:	07/01/2011
Decision Date:	05/22/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/19/2013

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:

This patient is a 38-year-old female who sustained an industrial injury on 6/11/11 while employed by the [REDACTED]. The injury occurred when she fell facedown. The MRI of the left shoulder taken on 7/26/13 revealed a lateral downward sloping type III acromion process with a large undersurface traction spur at the origin of the coracoacromial ligament. There was evidence of subacromial and subdeltoid bursal change with edema and fluid. The 7/26/13 cervical MRI revealed Arnold-Chiari type 1 malformation and C5-6 disc protrusion. The 10/30/13 AP report indicated that the patient had persistent left shoulder pain that was progressively worsening. Functional difficulty was noted in overhead activities, activities of daily living, and sleeping. The patient has failed comprehensive conservative treatment, and left shoulder arthroscopy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

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; and Jt Comm J Qual Patient Saf. 2011 Apr;37(4):178-83.

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 California Medical Treatment Utilization Schedule does not provide recommendations for DVT prophylaxis, so alternate guidelines were used. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met. The patient has no documented significantly increased risk factors for venous thrombosis relative to the requested shoulder arthroscopic procedure. There is no documentation that standard compression stockings are insufficient to warrant the use of additional prophylaxis. Therefore, this request is not medically necessary.

LEVAQUIN 750 MG #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mandell: Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases, 7th ed.; Chapter 317; and Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical practice guidelines for antimicrobial prophylaxis is surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283.

Decision rationale: The California MTUS does not provide recommendations for antibiotic prophylaxis, so alternate guidelines were used. Evidence based medical guidelines indicate that antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. Cefazolin is generally recommended for patients needing perioperative antibiotics for orthopedic procedures, but a single dose of fluoroquinolone (Levaquin) may be used if the patient is β -lactam allergic. Guideline criteria are not met. The use of Levaquin for 10 days exceeds the standard for perioperative antibiotic prophylaxis in clean orthopedic procedures or for general orthopedic procedures. Therefore, this request for Levaquin is not medical necessity.