

Case Number:	CM13-0069942		
Date Assigned:	01/03/2014	Date of Injury:	04/25/2012
Decision Date:	05/29/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 57-year-old male who reported an injury on 04/25/2012. The mechanism of injury was not stated. Current diagnoses include history of industrial injury to bilateral shoulders and cervical spine, right shoulder partial rotator cuff tear, cervical disc disease, bilateral carpal tunnel syndrome and status post left shoulder arthroscopy with mini open rotator cuff repair and biceps tenodesis on 02/15/2013. A request for authorization was submitted on 11/04/2013 for a right shoulder arthroscopic procedure with postoperative physical therapy, medical clearance, DVT prophylaxis and antibiotics. However, the latest Physician Progress Report submitted for this review is dated 08/12/2013. The injured worker reported weakness and stiffness in the left shoulder. The injured worker also reported activity limitation with regard to the right shoulder. Physical examination revealed positive Neer and Hawkins impingement sign on the right. The treatment recommendations at that time included additional physical therapy twice per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT PROPHYLAXIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Odg- Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Venous Thrombosis.

Decision rationale: Official Disability Guidelines recommend monitoring the risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The incidence of upper extremity DVT is much less than that of the lower extremity. There is no indication that this injured worker's surgical procedure has been authorized. There is also no indication that this injured worker is at high risk of developing a venous thrombosis. The specific type of DVT prophylaxis requested was not stated. Based on the clinical information received and the Official Disability Guidelines, the request is not medically necessary.

ANTIBIOTICS-LEVAQUIN #20, 750MG FOR 10 DAYS (PERI-OPERATIVE): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease Chapter, Levofloxacin (Levaquin®).

Decision rationale: Official Disability Guidelines state Levaquin is recommended as a first line treatment option for osteomyelitis, chronic bronchitis, and pneumonia. The injured worker does not maintain any of the above-mentioned diagnoses. The medical necessity has not been established. As such, the request is not medically necessary.