

Case Number:	CM14-0000268		
Date Assigned:	01/10/2014	Date of Injury:	06/28/2000
Decision Date:	05/30/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

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 patient is a 51-year-old female who sustained an industrial injury on 6/28/2000. The patient underwent rotator cuff repair on 9/13/11. The 8/22/13 report noted the possible development of right upper extremity reflex sympathetic dystrophy. The 11/11/13 right shoulder MR arthrogram impression documented status post right rotator cuff repair with attenuation of the supraspinatus tendon and a bursal side tear, development of a labral tear since prior study, status post right subacromial decompression with acromioplasty and distal clavicle resection, and status post biceps tenodesis. The 12/9/13 progress report indicated that the patient had been doing physical therapy with continued significant right shoulder pain and swelling. Physical exam documented elevation to 130 degrees, external rotation to 60 degrees, internal rotation to lower lumbar level, bilateral acromioclavicular joint tenderness, and markedly positive impingement testing bilaterally. The diagnosis was bilateral shoulder impingement, symptomatic acromioclavicular joint arthritis, and possible rotator cuff on the left with possible recurrent rotator cuff and labral tears on the right. The treating physician recommended proceeding with a right shoulder arthroscopic decompression and debridement, repeat distal clavicle excision, and treatment of any rotator cuff or labral pathology. The 12/24/13 utilization review stated that the request for Clindamycin was not certified as the surgery was not-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP CLLNDAMYCIN 300 MG, #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Literature Published by the Drug Manufacturer Pharmacla Corp.

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 in Surgery. Am J Health Syst Pharm. (2013)

Decision rationale: The California MTUS Guidelines and Official Disability Guidelines are silent on post-operative antibiotic use. Evidence based medical guidelines at the National Guideline Clearinghouse indicate that antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, such as arthroscopy. The general guideline recommended regime for orthopedic procedures involving internal fixation is Cefazolin. Guidelines state that Clindamycin should be reserved as alternative agent. In this case, there is no indication in the record that the surgical procedure has been certified. The use of Clindamycin for prophylaxis is not supported by guidelines for the reported procedure. There is no evidence that prophylaxis is required and, if so, that Cefazolin would be insufficient. Therefore, this request for Clindamycin 300 mg #12 is not medically necessary and appropriate.