

Case Number:	CM14-0002220		
Date Assigned:	01/24/2014	Date of Injury:	09/09/2001
Decision Date:	06/12/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/07/2014

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 Internal Medicine Pulmonary Diseases, 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 injured worker is a 52 year old female who reported an injury on 09/09/2001. The mechanism of injury was not provided in the submitted records. The clinical note dated 01/06/2014 reported the injured worker complained of difficulty walking and difficulty with prolonged weight bearing activities to the left knee as well as mechanical problems. The injured worker also complained she has instability with the right knee, she had tried previously wrapping her knee using an unloader brace as well as bilateral hinged bracing with no relief of her symptoms. The injured worker reported having continued pain and discomfort as well as weakness. The injured worker had an MRI of the left knee on 09/19/2012 noting a medial meniscus tear. The physical exam noted range of motion was 0-115 degrees, positive patellofemoral crepitation, positive patellofemoral grind, pain to the medial compartment and strength was 4-/5 in all directions. The provider noted the left knee showed medial joint line tenderness, positive McMurray's sign, positive Apley's compression test, trace. The physician recommended the injured worker follow up with him in regards to left knee surgery scheduling and continue with conservative care. The physician requested for 1 medical clearance and 20 tablets of levaquin 750 mg. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE (ACOEM) GUIDELINES, CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, PREOPERATIVE TESTING.

Decision rationale: The request for 1 medical clearance is not medically necessary. The injured worker complained of difficulty walking and difficulty with prolonged weight bearing activities to the left knee as well as mechanical problems. The injured worker also complained she has instability with the right knee, she had tried previously wrapping her knee using a unloader brace as well as bilateral hinged bracing all with no relief of her symptoms. The injured worker reported to have continued pain and discomfort as well as weakness. The Official Disability Guidelines recommend preoperative testing is often performed before surgical procedures. The guidelines also note routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease, that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. The requested surgery of an left knee arthroscopic procedure has not been approved. It was unclear as to what specific lab tests are being requested in the medical clearance. Therefore the request for a medical clearance is not medically necessary.

20 TABLETS OF LEVAQUIN 750MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), INFECTIOUS DISEASES, LEVOFLAXACIN (LEVAQUIN).

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, LEVAQUIN.

Decision rationale: The request for 20 tablets of levaquin 750 mg is not medically necessary. The injured worker complained of difficulty walking and difficulty with prolonged weight bearing activities to the left knee as well as mechanical problems. The injured worker also complained she has instability with the right knee, she had tried previously wrapping her knee using a unloader brace as well as bilateral hinged bracing all with no relief of her symptoms. The injured worker reported to have continued pain and discomfort as well as weakness. The Official Disability Guidelines recommended Levaquin as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia. The guidelines also recommend Levaquin for bone and joint infection, osteomyelitis also for prolonged antibiotic therapy and surgical debridement depending on severity. The rationale for the physician's request was unclear in the documentation provided. There is also a lack of documentation indicating the injured worker to

have osteomyelitis. In addition the injured worker has not been approved for arthroscopic surgery therefore the need for antibiotic therapy is not indicated. The request for 20 tablets of levaquin 750 mg is not medically necessary.