

<b>Case Number:</b>	CM14-0011880		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 claimant is a 44-year-old, gentleman who injured the left knee on 10/06/11. The records provided for review include a Utilization Review of 12/31/13 certifying a left knee diagnostic arthroscopy, meniscectomy, and debridement. The current perioperative requests in this case include preoperative medical clearance, DVT prophylaxis, perioperative antibiotic use, and an assistant surgeon. The clinical records do not indicate any evidence of underlying comorbidity in this otherwise healthy asymptomatic 44-year-old gentleman.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REQUEST FOR 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:** Based on California ACOEM Guidelines, the request for medical clearance would not be indicated. The medical records provided for review indicate this is an otherwise

medically asymptomatic 44-year-old individual who is undergoing an outpatient knee arthroscopy. Without documentation of underlying cardiovascular or medical risk factors, there would be no indication for preoperative medical clearance for this otherwise healthy, 44-year-old, gentleman. Request is not medically necessary.

**DEEP VEIN THROMBOSIS (DVT) PROPHYLAXIS AND ANTIBIOTICS, LEVAQUIN 750 MG (PERI-OPERATIVE) FOR 10 DAYS, QTY: 10:** 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), Knee Chapter, Venous Thrombosis, and NCBI.GOV/Pubmed/17210420(online version).

**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, and Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: infectious procedure -Levofloxacin (Levaquin®).

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address these requests. Based on the Official Disability Guidelines, the request for DVT prophylaxis and 10 days of antibiotics would not be indicated. While it is the accepted universal standard to administer perioperative IV antibiotics at time of the operative procedure, there is no documentation to support the need for prophylactic antibiotics extending to 10 days in the postoperative setting. The role of oral Levaquin for 10 postoperative days would not be supported. Also, the medical records do not contain any indication for deep venous thrombosis prophylaxis. While this individual is undergoing a knee arthroscopy, there is no current indication of underlying comorbidity or risk factor in regards to DVT. There is no history of prior DVT. The role of DVT prophylaxis in this individual undergoing a knee arthroscopy for which postoperative measures would include a weightbearing recovery would not be indicated. Request is not medically necessary.

**ASSISTANT SURGEON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement, Role of First Assistant.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation : Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines, 18th edition: assistant surgeon,Assistant Surgeon Guidelines (Codes 29240 to 29894).

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address the use of an assistant surgeon. Based on the Milliman Care Guidelines an assistant surgeon would not be supported. Currently Milliman Care Guidelines do not support the role of an assistant surgeon in

the setting of a knee arthroscopy. The request in this case would not be indicated. Request is not medically necessary.