

<b>Case Number:</b>	CM14-0161950		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/26/2008
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Occupational Medicine, 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:

Patient is a 67 year-old female with date of injury 03/26/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/02/2014, lists subjective complaints as pain in the bilateral knees, low back, and bilateral hips. Objective findings: Range of motion of the left knee was 0-130 degrees with pain over the lateral joint and the lateral patellofemoral joint and medial joint. Patient had crepitus with full strength and an equivocal McMurray's test. Right knee range of motion was 10-90 degrees and was stable. Tenderness was noted laterally with some numbness along the lateral knee. Range of motion of the bilateral hips was limited with severe groin pain. Generalized tenderness was noted about the trochanters bilaterally and into the groin. Diagnosis: 1. severe degenerative arthritis, left hip 2. Severe degenerative arthritis, right hip 3. Moderate degenerative arthritis, valgus deformity, left knee 4. Post right total knee replacement with arthrofibrosis and contracture. The medical records supplied for review document that the patient had not been prescribed the following medication before the request for authorization on 09/02/2014. Medications: 1. Ciprofloxacin (duration and dosage not given).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ciprofloxacin:** 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 Other Medical Treatment Guideline or Medical Evidence: Antibiotic prophylaxis against postoperative wound infections. Cleve Clin J Med. 2006 Mar;73 Suppl 1:S42-5. Gordon SM

**Decision rationale:** Prophylactic antibiotics should be given as close to the time of incision as possible to ensure that tissue antimicrobial levels are adequate and maintained for the duration of the procedure. The choice of antibiotic should be based on the organisms most likely to be encountered--usually staphylococcal skin flora. Prophylactic antibiotics should not continue to be administered more than 48 hours postoperatively. The request is not medically necessary.