

Case Number:	CM14-0169716		
Date Assigned:	10/17/2014	Date of Injury:	04/23/2013
Decision Date:	11/20/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopaedic Surgery 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 33 year old female food service worker with a date of injury on 4/23/2013. The injury occurred when she dropped a box of chicken breasts accidentally and it hit her left knee, ankle, and foot. The 6/16/14 left knee magnetic resonance imaging impression documented a horizontal tear of the lateral meniscus with a moderate sized parameniscal cyst. There was an osteochondral injury seen at the lateral tibial plateau extending just beneath the anterior root of the lateral meniscus. The 6/18/14 bilateral knee diagnostic ultrasound impression documented a left large complex lateral meniscus tear and parameniscal cyst. The left femorotibial compartments, collateral and cruciate ligaments, quadriceps and patellar tendon, and popliteal fossa were all noted as normal. The right knee exam was normal. The 7/21/14 bilateral upper extremity electromyogram / nerve conduction velocity studies were reported as normal. The 8/22/14 treating physician report documented left knee physical exam findings of decreased and painful range of motion, (+3) tenderness to palpation of the anterior and medial knee, and a positive McMurray's test. The 9/17/14 treating physician report included a request for medications to include Synergen, Keflex, ciprofloxacin, and Colace. The records indicated that the injured worker was scheduled for left knee surgery on 9/16/14. The 9/19/14 utilization review denied the request for Keflex and ciprofloxacin as evidence based medical guidelines did not support prophylactic treatment for infections.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Keflex 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; regarding Infectious Disease Chapter; Bone & Joint Infections: Diabetic Foot

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: Working Group of the Clinical Practice Guideline for the Patient Safety at Surgery Settings, 2010, page 191

Decision rationale: The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not provide recommendations for prophylactic antibiotics. The National Guideline Clearinghouse was searched. Clinical practice guidelines state that antimicrobial prophylaxis is not recommended for injured workers undergoing clean orthopedic procedures including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. When procedures include implantation of foreign materials, guidelines generally recommend a single dose of Cefazolin with a duration of antimicrobial prophylaxis of less than or equal to 24 hours. Therefore, the guideline criteria have not been met. The injured worker is scheduled for a left knee lateral meniscectomy. There is no compelling reason to support the medical necessity of prophylactic Keflex at the dose/duration prescribed. There is no current infection documented in the records requiring antibiotic therapy. Therefore, this request is not medically necessary.

30 Tablets of Ciprofloxacin 500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; regarding Infectious Disease Chapter; Bone & Joint Infections: Diabetic Foot

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: Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA, Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health System Pharm. 2013 Feb 1; 70(3):195-283

Decision rationale: The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not provide recommendations for prophylactic antibiotics. The National Guideline Clearinghouse guidelines were referenced. Clinical practice guidelines for antimicrobial prophylaxis in surgery support the use of a single dose Fluoroquinolone (Ciprofloxacin) if the injured worker is lactam allergic. The use of Ciprofloxacin may be reasonable for this injured worker but guidelines support prophylaxis limited to a single dose. There is no compelling rationale to support the medical necessity of both a cephalosporin and Fluoroquinolone for antibiotic prophylaxis. There is no current infection documented in the records requiring antibiotic therapy. Therefore, this request is not medically necessary.

