

<b>Case Number:</b>	CM14-0022205		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	03/11/2012
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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:

This is a 58-year-old gentleman, who sustained an injury to the neck and upper extremities in a work-related accident on 3/11/12. After failing conservative treatment, the claimant is to undergo a shoulder arthroscopy, subacromial decompression, and distal clavicle resection as certified by a Utilization review. This request is for the ten (10) day use of Levaquin and use of TED stockings for deep venous thrombosis prophylaxis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DEEP VEIN THROMBOSIS (DVT) PROPHYLAXIS USING TED HOSE: 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-TWC Knee and Leg Procedure Summary (last updated 06/07/2013).

**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.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, deep vein thrombosis prophylaxis with use of TED stockings would not be indicated. The Official Disability Guidelines recommend identifying

subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. The records indicate this individual will undergo an outpatient left shoulder arthroscopy, which would not limit this individual's weight bearing status of the lower extremities in any fashion. When this is coupled with the claimant's medical history that does not indicate underlying co-morbidities, the need for deep vein thrombosis compressive devices in the form of stockings following outpatient shoulder surgery would not be indicated.

**ANTIBIOTICS - LEVAQUIN 750MG #20 FOR TEN (10) DAYS (PERIOPERATIVE):**  
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-TWC, Infectious Disease Procedure Summary (last updated 06/28/2013).

**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: infectious procedure - Levofloxacin (Levaquin®).

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, Levaquin for ten (10) days postoperatively would not be indicated. The Official Disability Guidelines indicate that Levaquin is recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia. While antibiotics are considered the standard of care perioperatively, there is currently no documentation to support the need for oral antibiotics for a ten (10) day period of time following this claimant's outpatient procedure. Typically, antibiotic use would be administered intravenously in and around the time of surgical process.