

<b>Case Number:</b>	CM14-0053583		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 54-year-old male sustained an industrial injury on 2/19/13. The mechanism of injury was not documented. The 4/23/13 left knee MRI revealed a complex tear of the lateral meniscus and a cartilage defect involving the medial femoral condyle. Comprehensive conservative treatment had failed to provide sustained improvement. The treating physician requested Left Knee Arthroscopic Meniscectomy Versus Repair, possible Debridement, and Chondroplasty at [REDACTED]. Post-operative deep vein thrombosis (DVT) prophylaxis and peri-operative Levaquin were requested. The 3/27/14 utilization review modified the surgical request and approved the procedure without a specific surgical center location. The request for DVT prophylaxis was modified and compression stockings were considered medically necessary. Peri-operative Levaquin 750 mg #20 was denied as there was no guideline support for Levaquin except for urological procedures or for the treatment of osteomyelitis, chronic bronchitis, or pneumonia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Arthroscopic Meniscectomy Versus Repair, possible Debridement and Chondroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC): Knee and Leg Procedure Summary and Indications for Surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-345.

**Decision rationale:** The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support Arthroscopic Partial Meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain, clear objective findings, and consistent findings on imaging. Guideline criteria have been met. This patient has clinical exam and imaging findings consistent with meniscal pathology and Chondromalacia. Reasonable conservative treatment had failed to provide sustained improvement. The 3/27/14 utilization review modified the surgical request and approved the requested surgical procedure without specifying the surgical center location. There is no compelling reason to support the medical necessity of a particular surgical center over any other. This would not be considered a utilization review decision. Therefore, this request is not medically necessary.

**Compression stockings for DVT prophylaxis:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis.

**Decision rationale:** The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. There were no significantly increased DVT risk factors identified for this patient. If risk factors exist, pharmacologic therapy or compression stockings would be appropriate. The 3/27/14 utilization review modified this request and certified compression stockings. There is no compelling reason that Compression Stockings would be insufficient. Therefore, this request is not medically necessary

**Peri-operative Levaquin 750 mg #20:** 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 Diseases Procedure Summary, Levaquin, Guide to Antimicrobial Therapy, pages 192-196.

**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: Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery,195-283.

**Decision rationale:** The California MTUS and Official Disability Guidelines do not provide recommendations for peri-operative antibiotics. The National Guideline Clearinghouse was referenced Clinical practice guidelines for antimicrobial prophylaxis in surgery support the use of a single dose fluoroquinolone if the patient is lactam allergic. The use of Levaquin may be reasonable for this patient but guidelines support prophylaxis limited to a single dose. The medical necessity of 20 dosages of a peri-operative antibiotic is not established. Therefore, this request is not medically necessary.