

Case Number:	CM14-0073169		
Date Assigned:	07/16/2014	Date of Injury:	02/16/2010
Decision Date:	08/19/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/20/2014

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 Surgeon 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 59-year-old male who reported an injury on 02/16/2010. The injured worker was certified for left shoulder diagnostic operative arthroscopic debridement with acromioplasty resection of coracoacromial ligament and bursa with a possible distal clavicle resection. The diagnoses included bilateral shoulder impingement, bilateral shoulder rotator cuff tendonitis and left shoulder partial cuff tear with impingement and labral tear. The mechanism of injury was not provided. The documentation of 03/27/2014 revealed a request for surgical intervention, postoperative physical therapy and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

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-Treatment for Workers' Compensation (ODG-TWC).

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

Decision rationale: The Official Disability Guidelines indicate that injured workers should be assessed for risk factors of DVT and if found to be at risk, to be treated. The clinical documentation submitted for review failed to indicate the injured worker had been assessed for DVT prophylaxis and had a need for DVT prophylaxis. Given the above, the request for DVT prophylaxis is not medically necessary.

Antibiotics (peri-operative): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford Guide to Antimicrobial Therapy 2013, 43rd Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Disease, Bone & joint infections.

Decision rationale: The Official Disability Guidelines recommend empiric antibiotic treatment depending upon condition. The clinical documentation submitted for review failed to provide documentation of a DWC form, radiofrequency ablation or PR2 to support the request. Additionally, the request as submitted failed to indicate the name of the medication, the frequency, the quantity and strength. There was a lack documented rationale. Given the above, the request for antibiotics peri-operative is not medically necessary.