

Case Number:	CM14-0075550		
Date Assigned:	09/30/2014	Date of Injury:	12/29/2009
Decision Date:	12/16/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/23/2014

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 Minnesota. 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 50 year old male with a full thickness rotator cuff tear of the right shoulder associated with impingement. The date of injury is 12/29/2009. The worker is certified for arthroscopy of the right shoulder, acromioplasty, distal clavicle resection, and rotator cuff repair. The disputed issues pertain to peri-operative prophylaxis with Levaquin and deep vein thrombosis prophylaxis. Significant medical issues include a question of vertebral artery occlusion.

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 ODG-TWC Guidelines, Shoulder Procedure Summary last updated 03/31/2014, Cold Compression Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Deep vein thrombosis.

Decision rationale: California MTUS does not address DVT in shoulder surgery. ODG guidelines indicate that DVT is very rare after arthroscopy of the shoulder. In subjects who are at

high risk for DVT, anticoagulant therapy is considered for more invasive procedures such as shoulder arthroplasty but not for arthroscopy. Cold compression therapy is not recommended for shoulder surgery. The request for DVT prophylaxis is therefore not medically necessary.

Antibiotics, Levaquin #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Guidelines last updated 06/28/2013, Infectious disease Procedure summary, Bone and Joint infections and Sanford Guide to Antimicrobial Therapy 2013, 43rd Edition; page 192-196 Table 15B.

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: American Academy of Orthopedic Surgeons

Decision rationale: California MTUS does not address the use of Levaquin as a prophylactic antibiotic. The American Academy of Orthopedic Surgeons recommends cefazolin or cefuroxime as the preferred prophylactic antibiotics for patients undergoing orthopedic surgery. Clindamycin or vancomycin may be used if there is confirmed allergy to beta-lactams. The request for Levaquin as a prophylactic antibiotic is not supported by evidence based guidelines and is not medically necessary.