

Case Number:	CM13-0036637		
Date Assigned:	12/13/2013	Date of Injury:	06/01/2013
Decision Date:	12/10/2015	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, West Virginia, Illinois
Certification(s)/Specialty: Orthopedic Surgery

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 patient is a 36-year-old male who reported an injury on 06/01/2013. The patient is currently diagnosed with industrial injury to the right shoulder and calcific tendinitis with possible rotator cuff tear, rotator cuff tendinitis, AC joint arthrosis, and bursitis. The patient was seen on 07/31/2013. Physical examination of the right shoulder revealed diminished range of motion, 5/5 motor strength, 2+ radial pulses, intact sensation, positive Neer and Hawkins testing, tenderness at the subacromial bursa, and negative O'Brien's testing. Treatment recommendations included a right shoulder diagnostic and operative arthroscopy with EUA/MUA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levaquin (perioperative) for 10 days 750mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Levofloxacin (Levaquin).

Decision rationale: Official Disability Guidelines state Levaquin is recommended as first line treatment for osteomyelitis, chronic bronchitis, and pneumonia. As per the clinical notes submitted, the patient does not currently meet criteria for the requested medication, as there is no evidence of osteomyelitis, chronic bronchitis, or pneumonia. The medical necessity for the requested medication has not been established. Therefore, the request is not medically necessary.

DVT prophylaxis (perioperative): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Official Disability Guidelines recommend monitoring the risks of perioperative thromboembolic complications in both the acute and subacute postoperative period for possible treatment and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. As per the clinical notes submitted, there is no indication that this patient is at high risk of developing venous thrombosis. Official Disability Guidelines further state risk of venous thrombosis in the shoulder is lower than in the knee and depends on invasiveness of the surgery, postoperative immobilization period, and use of central venous catheters. Diagnostic and operative arthroscopy with manipulation under anesthesia is not considered a complicated or invasive procedure. Therefore, the medical necessity for the requested service has not been established. As such, the request is not medically necessary.