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| Case Number: | CM13-0048187 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/14/2003 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 10/18/2013 |
| Priority: | Standard | Application Received: | 11/04/2013 |

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: Minnesota, Florida
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 injured worker is a 47 year old male, who sustained an industrial injury on June 14, 2003. He has reported an altercation during a felony arrest, falling on his knees on cement. The diagnoses have included industrial injury to bilateral knees and MRI studies of bilateral knees with patellofemoral CartiGram revealing severe bilateral knee patellofemoral chondromalacia. Treatment to date has included Synvisc injections in bilateral knees, ice/heat, activity modification, bracing, and medications. Currently, the injured worker complains of bilateral knee pain, worse on the left than the right. The Treating Physician's report dated September 23, 2013, noted a MRI of the left knee revealed severe chondromalacia patella with chondral loss and fibrillation over the mid patellar apex extending slightly over its medial facet, and lower grade chondromalacia with degeneration involving the lower patellar pole and lateral facet, with no evidence of meniscal or ligament tear. MRI of the right knee revealed severe chondromalacia patella with grade 3 change with chondral fibrillation and lateral infrapatellar soft tissue edema secondary to patellar tendon-femoral lateral condyle friction syndrome. Physical examination of the bilateral knees was noted to show patellofemoral crepitation, positive grind test, and pain with deep squat. On October 18, 2013, Utilization Review non-certified deep vein thrombosis prophylaxis and antibiotics-Levaquin #20-750mg for 10 days (perioperative).

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Vein Thrombosis Prophylaxis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jt Comm J Qual Patient Saf. 2011 Apr;37(4):178-83, Venous Thromboembolism Prophylaxis in Surgical Patients.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Section: Knee, Topic: Venous Thromboembolism, Compression Garments.

Decision rationale: ODG guidelines recommend identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures as consideration for anticoagulation therapy. The risk varies with the type of surgery and is highest in total knee and total hip arthroplasty. The risk of venous thrombosis is higher in those with late injury combined with family history of venous thrombosis. Aspirin may be the most effective choice to prevent pulmonary embolism and venous thromboembolism in patients undergoing orthopedic surgery according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower venous thromboembolism risk score than the patients who received warfarin. Sequential compression devices are used in hospitalized patients, particularly those at high risk of bleeding after hip or knee replacement such as in the recovery room. When the risk decreases, pharmacologic means are utilized. The guidelines do not recommend sequential compression devices for outpatient arthroscopic surgery of the knee for use at home. Therefore, the request is not medically necessary.

Antibiotics-Levaquin #20-750mg for 10 days (Perioperative): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Levofloxacin (Levaquin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons, Antibiotic prophylaxis.

Decision rationale: With regard to the request for perioperative antibiotic prophylaxis using Levaquin, the guidelines of the American Academy of Orthopedic Surgeons recommend 24 hours of intravenous antibiotics for total joint replacement prophylaxis. Use beyond 24 hours is not recommended due to bacterial resistance. For outpatient orthopedic surgery, a preoperative dose is recommended immediately prior to the surgery. The use of perioperative antibiotics for 10 days is not supported by guidelines. Therefore, the request is not medically necessary.