

<b>Case Number:</b>	CM14-0116925		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old man sustained an industrial injury on 1/18/2012. The mechanism of injury is not detailed. Current diagnoses include left shoulder rotator cuff tear, left shoulder internal derangement, left shoulder pain, and left shoulder impingement. Treatment has included oral medications. Physician notes dated 4/4/2014 show complaints of left shoulder pain. Recommendations include surgical intervention, Norco, and follow up in six weeks. On 7/8/2014, Utilization Review evaluated a prescription for Augmentin tablets 875/125 mg that was submitted on 7/24/2014. The UR physician noted there was no clear rationale for why the worker would require post-operative antibiotics rather than prophylactic pre-operative antibiotics. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied, and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Augmentin (Amoxicillin/Clavulanate Potassium tablets 875mg/125mg): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate Online, Augmentin Entry "Clinical practice guideline for the patient safety at surgery settings".

**Decision rationale:** Regarding the request for antibiotics peri-operative, MTUS and ODG do not address the issue. The National Guidelines Clearinghouse provided Guidelines which state narrow-spectrum and cheaper antibiotics must be the first choice for antibiotic prophylaxis in surgery. A single standard dose of antibiotic is sufficient for prophylaxis in most circumstances, except if surgery lasts longer than four hours or if loss of blood exceeds 1500 cc. A further two doses of antibiotics may be needed in the case of lengthy operations (i.e., over four hours in length), or in the case of significant loss of blood (>1500 ml) during surgery. Within the information made available for review, there is documentation that shoulder surgery has been authorized. However, a typical arthroscopic decompression as is planned in this case is a relatively quick surgery and significant blood loss to meet NGC criteria is not anticipated. In light of these issues, the currently requested antibiotic is not medically necessary.