

Case Number:	CM14-0190204		
Date Assigned:	12/15/2014	Date of Injury:	02/02/2013
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/13/2014

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 California. 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:

50 year old female claimant with an industrial injury dated 02/02/13. MRI of the right shoulder dated 09/18/14 demonstrated Type I acromion with mild anterolateral downslopping along with subacromial-subdeltoid bursitis. The patient also had evidence of grade 1 tendinosis of the distal supraspinatus tendon with mild bursal sided fraying. Exam note 09/26/14 states the patient returns with right shoulder pain. Upon physical exam there was evidence of tenderness surrounding the AC joint. The patient had a motor strength of 4/5. Range of motion of the right shoulder is noted as a forward flexion and abduction of 160°, an external rotation of 45°, and internal rotation to L2. Treatment includes a right shoulder arthroscopic surgery, and physical therapy.

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 Shoulder Procedure Summary and 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 Official Disability Guidelines (ODG) Knee and Leg, Venous thrombosis

Decision rationale: CA MTUS/ACOEM is silent on the issue of venous duplex. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy". In this case the exam notes from 9/26/14 do not justify medical necessity to support DVT prophylaxis. Therefore the determination is for non-certification.

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 Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am Fam Physician. 2002 Jul 1;66(1):119-24

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of Keflex. An alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections", antibiotics are used for skin wounds and skin infections. There is no evidence from the exam note of 9/26/14 submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for antibiotics is therefore not medically necessary and appropriate.