

Case Number:	CM14-0195409		
Date Assigned:	12/03/2014	Date of Injury:	11/09/2006
Decision Date:	01/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/21/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 51 year old male with an injury date of 11/09/06. Based on 10/24/14 progress report, the patient is status post right knee surgery in October 2013. He complains of persistent weakness and intermittent pain in the right knee rated at 7/10. He also has pain in the left knee and has been diagnosed with diabetes. In progress report dated 09/26/14, the patient complains of right knee pain rated at 7-8/10 along with frequent numbness, tingling, and spasms. The patient received a cortisone injection for the right knee after the surgery along with 24 sessions of post-operative physical therapy, as per progress report dated 10/24/14. Current medications include tramadol and Naflon. The treating physician is also requesting Flexeril, Lidopro cream, Terocin patches, and Protonix. The patient also has access to heat and cold and TENS unit, as per the same progress report. The patient is not working since 2009, as per progress report dated 10/24/14. MRI of the Left knee (date not mentioned), as per progress report dated 10/24/14: Meniscal tear. Diagnoses as of 10/24/2014 include internal derangement of the right knee, status post medial meniscectomy; internal derangement of the left knee, approved for surgery; and issues with sleep, stress and depression. The treating physician is requesting Amoxicillin-Clavulanate 875/125 mg # 20. The utilization review determination being challenged is dated 11/06/14. The rationale was "Clinical literature review would not support per-operative antibiotics as need for operative intervention has not been established." Treatment reports were provided from 04/18/14 - 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amoxicillin/clavulanate 875/125mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prokuski L. University of Wisconsin Hospitals, Madison, WI 53792, USA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guidelines.gov, the National Guideline Clearinghouse

Decision rationale: The patient is status post right knee surgery in October 2013. He complains of persistent weakness and intermittent pain in the right knee rated at 7/10, and pain in the left knee, as per progress report dated 10/24/14. The request is for amoxicillin-clavulanate 875/125 mg # 20. The patient has been authorized for left knee surgery as well. Per www.guidelines.gov, the National Guideline Clearinghouse, "Antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. (Strength of evidence against prophylaxis = C.) If the potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation.) (10-1-14)" In progress report dated 10/24/14, the treating physician states that the patient was approved for left knee surgery but the procedure was postponed due the patient's diabetes. In a separate request form with the same date, the treating physician requests for a reauthorization of the surgery along with other items "together with the surgery." Amoxicillin-clavulanate is part of this request. Although the treating physician does not discuss the request, it would appear that the antibiotic is for prophylactic use. MTUS, ACOEM and Official Disability Guidelines (ODG) are silent on the prophylactic use of antibiotics during orthopedic procedures. However, the National Guideline Clearinghouse does not recommend this for clean orthopedic procedures without instrumentation or implantation of foreign materials. Therefore, the request for the antibiotic amoxicillin-clavulanate is not medically necessary.