

<b>Case Number:</b>	CM14-0209548		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 is a patient with a date of injury of January 19, 2012. A utilization review determination dated November 26, 2014 recommends noncertification of levofloxacin. Noncertification was recommended due to lack of guideline support for prophylactic postoperative antibiotics for the duration and time frame provided. A progress report dated November 11, 2014 identifies subjective complaints of right elbow pain and left knee pain. The right knee pain is improving after surgery. The patient also complains of right shoulder pain. Objective examination findings reveal painful range of motion in the elbow, well-heeled surgical incision of the right knee with no signs of infection, and tenderness around the shoulder. Diagnoses include internal derangement of the left knee status post right knee surgery, shoulder joint derangement, cubital tunnel syndrome, lumbago, cervical spinal stenosis, and cervicalgia. The treatment plan recommends refilling the patient's medications and removing Steri-Strips around the patient's wound. A report dated November 14, 2014 includes a prescription for levofloxacin #30 as a routine precaution to avoid postoperative infection. An operative report dated October 31, 2014 indicates that the patient underwent knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Levofloxacin 750mg #30:** 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 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 documentation available for review, there is no indication that any of these conditions have been met, or that the requested antibiotic was provided at the time of surgery as recommended by guidelines. Additionally, guidelines do not support the seven-day course of antibiotics for prophylaxis, and there is no sign of active infection. As such, the currently requested levofloxacin is not medically necessary.