

<b>Case Number:</b>	CM14-0072494		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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:

53 year old female with reported injury 12/18/13. Exam note 3/4/14 demonstrates prior right shoulder surgery on 1/14/10. Current pain is noted to be 5-6 out of 10. Exam of the right shoulder demonstrates forward flexion of 140 degrees with abduction of 130 degrees and external rotation of 90 degrees. Positive Neer's and Hawkins's test is noted. MRI right shoulder from 3/25/14 demonstrates recurrent rotator cuff tear. Exam note 4/1/14 demonstrates pain with discomfort in right shoulder. Difficulty with sleeping is reported. Exam demonstrates flexion and abduction of 165 degrees with positive Neer and Hawkins's.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: Deep vein thrombosis (DVT) prophylaxis and antibiotic, Levaquin 750mg, #20:** 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

**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, Infectious Disease, Levaquin

**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 3/4/14 do not justify a prior history or current risk of deep vein thrombosis to justify venous thromboembolic prophylaxis. Therefore the request is not considered medically necessary. CA MTUS/ACOEM guidelines are silent on the issue of Levofloxacin (Levaquin). Per the ODG, Infectious disease section, Levofloxacin is "recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia (CAP)." In this case the exam note from 3/4/14 does not demonstrate an active infection requiring an antibiotic. Therefore the request for Levaquin is not medically necessary or appropriate.