MAXIMUS Federal Services

Case Number:	CM15-0002371		
Date Assigned:	02/11/2015	Date of Injury:	02/26/2010
Decision Date:	03/25/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/06/2015

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

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 injured worker is a 53 year old male who sustained an industrial injury on 2/26/10 that involved cumulative trauma to his right upper extremity, neck and shoulder from repetitive lifting of heavy boxes. Currently he continues to experience ongoing right shoulder pain with numbness that radiates into his right elbow with pain intensity of 8/10. In addition he has sleep difficulties and his activities of daily living are compromised especially activities involving above the shoulder movement. Medications include Tylenol with codeine, tizanidine. Treatments to date include physical therapy for 3 years, steroid injections to the right shoulder with temporary relief Diagnoses are muscle disuse, arthropathy; rotator cuff syndrome; right shoulder impingement syndrome with sub acromial bursitis with Rim Rent tear supraspinatus. Diagnostics include MRI of the right shoulder (8/12/14) demonstrates mild to moderate inferior capsular thickening and increased signal suggesting adhesive capsulitis; MRI of the cervical spine (8/12/14) demonstrating posterior disc bulge at C5-T1; electromyography and nerve conduction study (9/25/140 of the right upper extremity was abnormal. In the progress note dated 11/14/14 the recommendation was for right shoulder arthroscopy. There was no mention of ciprofloxacin in any of the documents reviewed. On 12/9/14 Utilization Review non-certified the request for ciprofloxacin 500 mg citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ciprofloxacin tablets 500mg (QTY unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. (ODG), Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prophylaxis (antibiotic & anticoagulant) page 260

Decision rationale: Submitted report indicates recommendation for right shoulder arthroscopy; however, without mention for the antibiotic, Ciprofloxacin. In certain cases, antibiotics may be prescribed as routine precaution to avoid postoperative infection; however, there is no documented recent surgery or infection noted or what comorbidities the patient may have to deem the patient immunocompromised for routine precaution with use of antibiotics. The Ciprofloxacin tablets 500mg (QTY unspecified) is not medically necessary and appropriate.