

Case Number:	CM15-0004472		
Date Assigned:	01/15/2015	Date of Injury:	12/04/2012
Decision Date:	03/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/08/2015

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: Orthopedic Surgery

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 47 year old male who sustained a work related injury December 4, 2012. While working in construction, a number of 100 pound sheets of plastic fell on him and he was crushed underneath. He was initially diagnosed with pelvic fractures and after a three day hospital stay, was transferred to a rehabilitation facility, staying a couple of weeks. Magnetic Resonance Imaging of the knees revealed bilateral meniscal tears and he underwent right knee arthroscopic partial medial meniscectomy March, 2013 and left knee partial medial meniscectomy August, 2013. He had been using crutches and developed problems with his lower back, right shoulder, and right wrist. He has received physical therapy, chiropractic treatments and injections. According to treating physician's office visit dated December 2, 2014, the injured worker presented for a follow-up of right shoulder pain, difficulty raising the shoulder and weakness. MRI(magnetic resonance imaging) of the right shoulder revealed a rotator cuff tear measuring 1.1cm, type II acromion, SLAP tear, and bicep tendinosis(report dated 10/14/2014,present in medical record). Diagnosis is documented as right shoulder impingement and rotator cuff tear. Treatment plan included requests for authorization for surgery with potential of additional procedures; physical therapy; cold therapy unit for shoulder; and abduction sling. (Of note, a previous utilization review did approve surgery; arthroscopy subacromial decompression and rotator cuff repair right shoulder, but is not an issue for this review). According to utilization review dated December 11, 2014, the request for Norco was authorized. The request for Post-operative Augmentin # 10 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Augmentin #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bibliography 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 Augmentin. An alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections", Augmentin is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical record of 12/2/14 of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary and appropriate.