

Case Number:	CM15-0019089		
Date Assigned:	02/09/2015	Date of Injury:	08/16/2013
Decision Date:	05/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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:

This 51 year old man sustained an industrial injury on 8/16/2013 due to cumulative trauma. Diagnoses include cartilage or meniscus tear of knee, and internal derangement of knee. Treatment has included oral medications. Physician notes dated 11/24/2014 show complaints of right knee pain rated 7/10. Recommendations include Naproxen, Pantoprazole, topical ointment, Hydrocodone/APAP, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amox-TR-K CLV 500/125mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits, page 332; Prophylaxis (antibiotic & anticoagulant) page 260.

Decision rationale: Submitted reports request for oral antibiotics; however, without documented indication for the antibiotic. In certain cases, antibiotics may be prescribed as routine precaution

to avoid postoperative infection; however, there is no documented recent surgery with postop knee procedure on 8/26/14, almost 9 months prior, without infection noted or what comormidies the patient may have to deem the patient immunocompromised for routine precaution with use of antibiotics. The Amox-TR-K CLV 500/125mg is not medically necessary and appropriate.