

Case Number:	CM15-0132132		
Date Assigned:	07/20/2015	Date of Injury:	01/04/2008
Decision Date:	09/01/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/08/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

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 69 year old female, who sustained an industrial injury on January 4, 2008. The documentation noted on May 29, 2015 the injured workers left knee examination revealed full range of motion no pain or discomfort. The diagnoses have included osteoarthritis. Treatment to date has included left knee X-ray on May 29, 2015 showed status post left total knee replacement stable. The request was for amoxicillin cap 500mg #16 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amoxicillin cap 500mg #16 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/antibiotics.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com.

Decision rationale: The MTUS is silent regarding the use of antibiotic prophylaxis for joint replacement. According to UpToDate.com antibiotic prophylaxis for total joint replacement is

warranted. In general, repeat antimicrobial dosing following wound closure is not necessary and may increase the risk for development of antimicrobial resistance. If it is to be continued past wound closure, it is not required past 24 hours. In this case, the patient has had a TKR in 2/15. The documentation does not support that she has had any wound or joint infection. The documentation does not support the medical necessity for continued use of amoxicillin. The request is not medically necessary.