

Case Number:	CM15-0140508		
Date Assigned:	07/30/2015	Date of Injury:	07/19/2011
Decision Date:	08/31/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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: Minnesota, Florida
 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 60 year old male who sustained an industrial/work injury on 7-19-11. He reported an initial complaint of right knee pain. The injured worker was diagnosed as having right knee joint pain and medial meniscal tear. Treatment to date includes medication and diagnostics. MRI results were reported on 10-29-14 with evidence of meniscal tear, a sprain of the anterior cruciate ligament (ACL) and mild arthritic changes of the knee. X-ray results were reported to demonstrate arthritic changes. Currently, the injured worker complained of right knee pain. Per the primary physician's report (PR-2) on 6-11-15, exam noted anterior medial knee pain, range of motion at 0-130 degrees, no patellar instability or apprehension, moderate patellofemoral crepitation, medial joint line tenderness, and positive McMurray's sign with varus stress. Current plan of care included proceeding with arthroscopic menisectomy and debridement. The requested treatments include Keflex 500 mg and Vitamin C 500 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500 mg Qty 4, 1 by mouth 4 times daily: 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 Arthroscopy 2007 January 23 (1) 4-6; Bert JM, et al: Antibiotic prophylaxis for arthroscopy of the knee: Is it necessary Orthopedics 1990 7 February 20 (2) 1 33-4; Wieck, et al: Efficacy of prophylactic antibiotics in arthroscopic surgery.

Decision rationale: CA MTUS and ODG are silent on this topic. Alternate guidelines are therefore used. Arthroscopy 2007 January 23 (1) 4-6; Bert JM, et al: Antibiotic prophylaxis for arthroscopy of the knee: Is it necessary. A retrospective review of 3231 arthroscopic knee surgeries was performed at an ambulatory surgery Center over a 3 year period. Approximately 30% of the patients had prophylactic intravenous antibiotics within 1 hour before the arthroscopic procedure. The infection rate was 0.15% in those patients who received antibiotics and 0.16% in those who did not receive antibiotics. The results of this study confirmed that there is no value in administering antibiotics before routine arthroscopic meniscectomy to prevent joint sepsis. Orthopedics 1997 February 20 (2) 1 33-4 Wieck, et al: Efficacy of prophylactic antibiotics in arthroscopic surgery. A Prospective randomized double-blind study of 437 patients undergoing arthroscopic diagnostic and operative procedures found no deep infections occurred in any patient and only one superficial infection occurred in one patient who did not receive prophylactic antibiotics. The results suggest routine use of prophylactic antibiotics is not indicated for patients undergoing arthroscopic surgery and that the slight risk of infection is outweighed by the cost of the antibiotics and the slight risk of allergic reaction. A review of the literature indicates routine use of post-operative oral antibiotics after arthroscopic surgery is not supported. There is no history of a prior infection that may necessitate the use of antibiotics. As such, the medical necessity of the request for Keflex 500 mg #4 for prophylaxis after arthroscopic surgery has not been substantiated.

Vitamin C 500 mg Qty 60, 1 by mouth daily: 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 Pub Med query: Vitamin C supplementation. Harrison's Principles of Internal Medicine 18th Edition, page 599.

Decision rationale: CA MTUS is silent on this issue. ODG also does not address this topic. A PubMed search was carried out with regard to vitamin C supplementation to enhance healing after a partial meniscectomy or shaving of chondromalacia. No literature was found supporting this topic. According to Harrison's Principles of Internal Medicine, 18th Edition, vitamin C sources include citrus fruits, green vegetables specially broccoli, tomatoes and potatoes. Vitamin C deficiency causes scurvy. In the United States this is seen primarily among the poor and elderly, and alcoholics who consume less than 10 mg per day of vitamin C. The symptoms of deficiency include generalized fatigue, and impaired formation of mature connective tissue which causes bleeding into skin (petechiae, ecchymoses, perifollicular hemorrhages), inflamed and bleeding gums and manifestations of bleeding into joints, the peritoneal cavity, the pericardium, and the adrenal glands. In this case, the documentation provided does not indicate any evidence of vitamin C deficiency. As such, the request for vitamin C 500mg #60 supplementation is not supported and the medical necessity of the request has not been substantiated.