

Case Number:	CM15-0211706		
Date Assigned:	10/30/2015	Date of Injury:	02/08/2011
Decision Date:	12/14/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/27/2015

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, California

Certification(s)/Specialty: Family Practice

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 was a 54 year old male, who sustained an industrial injury, February 9, 2011. The injured worker was undergoing treatment for left shoulder impingement syndrome, left acromioclavicular joint separation with hypertrophic acromioclavicular joint contributing to impingement and status post left shoulder arthroscopic surgery on September 29, 2015, for left shoulder arthroscopy and acromioplasty. According to progress note of September 17, 2015, the injured worker's chief complaint was left shoulder pain and left shoulder surgical consultation. The injured worker was given preoperative instruction and surgical risks and benefits. The injured worker previously received the following treatments Ibuprofen, Tylenol, left shoulder MRI on April 9, 2014 and physical therapy. The RFA (request for authorization) dated September 17, 2015; the following treatments were requested Bactrim DS times 5 days #10 for left shoulder surgery scheduled September 29, 2015. The UR (utilization review board) denied certification on October 5, 2015; for a prescription for Bactrim DS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bactrim DS, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) infectious disease and pg 25 and Other Medical Treatment Guidelines Current Guidelines for Antibiotic Prophylaxis of Surgical Wounds, Ronald K. Woods, M.D., PH.D., and E. Patchen Dellinger, M.D., University of Washington Medical Center, Seattle, Washington, Am Fam Physician. 1998 Jun 1; 57 (11): 2731-2740.

Decision rationale: According to the guidelines, Bactrim is recommended as 1st line treatment for skin and soft tissue infections. In this case, the claimant was given Bactrim. It is unclear if it was intended for pre or post-operative purposes. The claimant did not have an infection. Antibiotics by IV are indicated immediately preceding surgery. In this case, there is no indication or risk to require Bactrim and is not necessary.