

Case Number:	CM15-0050089		
Date Assigned:	03/23/2015	Date of Injury:	02/21/2013
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/17/2015

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, Pain Management

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 51 year old male injured worker suffered an industrial injury on 02/21/2013. The diagnoses were right shoulder internal derangement, subluxation, labral tear, impingement and sprain/strain. The diagnostics included right shoulder magnetic resonance imaging. The injured worker had been treated with medications, physical therapy, injections. On 1/8/2015 and 1/14/2015 the treating provider reported right shoulder surgery was scheduled for 1/29/2015. There was tenderness of the right shoulder and restricted range of motion and positive impingement signs. The treatment plan included Amoxicillin CLAV + POT to prevent post-operative infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amoxicillin CLAV + POT tab 875/125mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Diseases - Amoxicillin-Clavulanate (Augumentin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Clinical practice guideline for the patient safety at surgery settings
<http://www.guideline.gov/content.aspx?id=39241>.

Decision rationale: Regarding the request for antibiotics peri-operative, MTUS and ODG do not address the issue. The National Guidelines Clearinghouse provided Guidelines which state narrow-spectrum and cheaper antibiotics must be the first choice for antibiotic prophylaxis in surgery. A single standard dose of antibiotic is sufficient for prophylaxis in most circumstances, except if surgery lasts longer than four hours or if loss of blood exceeds 1500 cc. A further two doses of antibiotics may be needed in the case of lengthy operations (i.e., over four hours in length), or in the case of significant loss of blood (>1500 ml) during surgery. Within the documentation available for review, there is no indication that any of these conditions have been met, or that the requested antibiotic was to be provided at the time of surgery as recommended by guidelines. Additionally, guidelines do not support a prolonged course of antibiotics for prophylaxis, and there is no sign of active infection. As such, the currently requested Amoxicillin CLAV + POT tab 875/125mg #20 is not medically necessary.