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| Case Number: | CM15-0051740 | | |
| Date Assigned: | 03/25/2015 | Date of Injury: | 02/16/2011 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/28/2015 |
| Priority: | Standard | Application Received: | 03/19/2015 |

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: North Carolina, Georgia
 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 is a 49 year old male, who sustained an industrial injury on 02/16/2011. On provider visit dated 01/16/2015 the injured worker has reported right and left knee pain. On examination he was noted to have tenderness along the right and lefty knee, crepitus with range of motion and a decreased range of motion. He was noted to have approval for left knee surgery. The diagnoses have included unspecified internal derangement of knee. Treatment to date has included laboratory studies, MRI, injections physical therapy, bracing and medication. The provider requested Amoxicillin post operatively after left knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amoxicillin 875 MG #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical practice guidelines for antimicrobial prophylaxis in surgery. Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical

practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283.

Decision rationale: The California MTUS and Official Disability Guidelines are silent on antibiotic use in knee surgery. According to "Clinical practice guidelines for antimicrobial prophylaxis in surgery", antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. Empiric post-operative amoxicillin is not indicated for the planned knee surgery. Therefore, this request is not medically necessary.