MAXIMUS Federal Services

Case Number:	CM15-0084257		
Date Assigned:	05/06/2015	Date of Injury:	09/25/2013
Decision Date:	06/05/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/01/2015

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, Indiana, New York
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 48 year old male, who sustained an industrial injury on 09/25/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left wrist joint inflammation with triangular fibrocartilage complex ligament tear. Treatment to date has included injection of the wrist joint, use of a transcutaneous electrical nerve stimulation unit, use of a soft and rigid brace, magnetic resonance imaging, and medication regimen. In a progress note dated 04/01/2015 the treating physician reports tenderness to the ulnocarpal joint, the extensor carpi ulnaris on the left, and to the pisotriquetral articulation. The injured worker also has mild subluxation to the ulnar nerve at the elbow. Magnetic resonance imaging of an unknown date is remarkable for triangular fibrocartilage complex ligament tear. The treating physician also noted that the injured worker is limited with gripping, grasping, torqueing, and lifting with the left upper extremity. The progress note indicated that previous treatment with a wrist injection did not provide much improvement and is therefore requesting surgical intervention at the request of the injured worker. The treating physician requested Amoxicillin/Clavulanate 875mg with a quantity of 40, but did not indicate the specific reason for this requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amoxicillin/Clavulanate 875mg, #40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/16581459 - Antibiotic prophylaxis for arthroscopic surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nlm.nih.gov/medlineplus/druginfo/meds/a685024.html.

Decision rationale: Pursuant to Medline plus, amoxicillin/clavulanic acid 875 mg #40 is not medically necessary. Augmentin is a combination of amoxicillin and clavulanic acid that is used to treat certain infections caused by bacteria, including infections of the years, lungs, sinus, skin and urinary tract. For additional details, see the attached link. In this case, the injured worker's working diagnosis is wrist joint inflammation with triangular fibrocartilage cartilage complex ligament tear by MRI. The request for authorization dated April 20, 2015 contains amoxicillin/clavulanic acid #40. The most recent progress (April 1, 2015) note in the medical record states the injured worker is scheduled for a left wrist arthroscopy with possible TFCC repair. There is no clinical indication or rationale for the antibiotic Augmentin. There is no discussion of a preoperative infection. Consequently, absent clinical documentation with a clinical indication and rationale for Augmentin with clinical evidence of infection, amoxicillin/clavulanic acid 875 mg #40 is not medically necessary.