

Case Number:	CM14-0115118		
Date Assigned:	08/04/2014	Date of Injury:	02/16/2011
Decision Date:	10/16/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reportedly sustained an industrial injury on 2/16/2011. His main complaint relates to left knee pain as of last clinical examination by the primary treating provider in June 2014. He had limited range of flexion of the knee, medial joint line tenderness and positive McMurray's maneuver. An MRI reportedly showed splaying of the meniscus medially and laterally. The patient had been treated with Synvisc injections, physical therapy, bracing, activity modification, work restrictions and medications including NSAID. The request was for meniscectomy, chondroplasty and post operative Amoxicillin 875 mg orally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amoxicillin 875 mg.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Infectious Disease

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: ASHP guideline on antimicrobial prophylaxis. page 594. Available online at www.ashp.org/surgical-guidelines, accessed 10/11/2014.

Decision rationale: The amoxicillin was prescribed for post operative prevention of infection. However, the surgery has not been approved. Therefore, there is no need for post operative antibiotics. In any case, peri operative antibiotics are limited by the surgical quality improvement project (SCIP) to no longer than 24 hours post operatively. Surgical authorities in the US do not recommend routine use of a course of antimicrobials after an operation. Antibiotics are only recommended when there is clinical evidence of an infection, not routinely. Therefore, the request for amoxicillin 875 mg would be medically inappropriate even if the surgery were approved. Although a lot of surgical providers use post operative antibiotics routinely, this is an inappropriate practice and carries the risk of inducing C difficile infection and other problems including allergic and toxic reactions. Further, the provider has not mentioned the duration for which antimicrobials are required. Therefore, the request is not medically necessary.