

Case Number:	CM14-0196970		
Date Assigned:	12/16/2014	Date of Injury:	05/25/2002
Decision Date:	01/22/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 patient is an injured worker who is status post bilateral total knee replacement surgeries. Date of injury was 05-25-2002. The primary treating physician's progress report 11/11/2014 documented the evaluation of mid-back, lower back, and bilateral knees conditions. The patient states that he underwent a thoracic spine epidural injection on November 10, 2014. The patient states he has occasional numbness and tingling in both of his hands, and constant mild to moderate mid-back pain which radiates to his rib cage on both sides with right side pain greater than the left side pain which continues down to his lower back. The patient reports constant moderate to severe lower back pain which is worse with increased activity. The patient states that his lower back pain radiates down both of his legs which he describes as a deep pain associated with some numbness and tingling. The patient reports constant moderate to severe right knee pain with moderate left knee pain associated with some clicking and popping in both of his knees as well as weakness in his right knee especially with climbing stairs. The patient reports occasional giving way of the right knee. The patient states that he also has significant left hip pain. The patient states both of his knees feels unstable at times with the right knee worse than the left and he has fallen due to giving way of right knee. The patient continues to take Norco plus Ambien at night as well as the Amoxicillin as needed for dental reasons periodically due to the total knee replacements. Physical examination was documented. The gait is short in stride with a mildly right antalgic limp with a short stride. There is some mild increased kyphosis. There is mild tenderness over the upper spinous processes near the cervical thoracic junction with mild plus tenderness in the mid-thoracic levels above the shoulder blades and mild to moderate tenderness especially at the level of the inferior aspect of the shoulder blades that extends down to the thoracolumbar junction. There is mild plus tenderness in the right paraspinal muscles especially in the parascapular region with mild tenderness in the left paraspinal muscles.

There is mild tenderness over the ribs on both sides. There is moderate plus tenderness in the midline especially at the lower lumbar levels down to the lumbosacral junction. There is moderate tenderness in the paraspinal muscles. There is moderate plus tenderness at the sacroiliac joints. There is moderate tenderness over the sciatic nerves on both sides. The deep tendon reflexes are unobtainable at the ankles and at the knees. Motor strength testing demonstrates grade 5 strength without any neurological deficits. Right knee range of motion goes from 2 degrees of hyper-extension to 120 degrees of flexion. There is no evidence of an effusion. The surgical scar from the total knee replacement is noted. There is very mild medial patellar facet tenderness. There is minimal lateral patellar facet tenderness. The patella moves nicely from medial to lateral. There is mild medial joint line tenderness. There is very mild lateral joint line tenderness. The posterior drawer test is negative. The collateral ligaments are stable. Left knee range of motion goes from 5 degrees of hyper-extension to 130 degrees of flexion. There is no evidence of an effusion. The surgical scar from the total knee replacement is noted. There is mild plus medial patellar facet tenderness. There is very mild lateral patellar facet tenderness. The patella moves fairly well from medial to lateral. There is mild plus medial joint line tenderness. There is mild lateral joint line tenderness. The posterior drawer test is negative. The collateral ligaments are stable. Diagnoses included right knee primary and post-traumatic arthritis associated with internal derangements status post a total knee replacement and left knee primary and post-traumatic arthritis associated with internal derangements status post a total knee replacement. The treatment plan was documented. Amoxicillin 2 grams one hour prior to his dental procedures when needed was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amoxicillin 500mg (quantity/dosage unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association. The use of prophylactic antibiotics prior to dental procedures in patients with prosthetic joints: Evidence-based clinical practice guideline for dental practitioners - a report of the American Dental Association Council on Scientific Affairs. J Am Dent Assoc. 2015 Jan;146(1):11-16.e8. doi: 10.1016/j.adaj.2014.11.012. Epub 2014 Dec 18. PMID: 25569493
http://ebd.ada.org/~media/EBD/Files/Chairside_Guide_PJI.ashx <http://jada.ada>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address prophylactic antibiotics prior to dental procedures in patients with prosthetic joints. American Dental Association (ADA) guideline states that in general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection. There is evidence that dental procedures are not associated with prosthetic joint implant infections. There is evidence that antibiotics provided before oral care do not prevent prosthetic joint implant infections. There are potential harms of antibiotics. The benefits of antibiotic prophylaxis may not exceed the harms for most patients. Medical records

document patient is status post bilateral total knee replacement surgeries. Amoxicillin 2 grams one hour prior to his dental procedures was requested. ADA guideline indicate that for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection. Therefore, the request for Amoxicillin is not supported. Therefore, the request for Amoxicillin 500mg (quantity/dosage unknown is not medically necessary.