

Case Number:	CM14-0216380		
Date Assigned:	01/06/2015	Date of Injury:	10/29/2008
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: New Jersey

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 worker is a 59 year old female who was injured on 10/29/2008. She was diagnosed with left shoulder rotator cuff tendinosis/partial tear, shoulder impingement, and glenohumeral osteoarthritis. She was treated with physical therapy TENS, heat, cold, H-wave, and medications. She was also treated with injections. On 11/6/14, the worker was seen by her orthopedic surgeon with physical findings including tenderness of the rotator cuff and biceps with positive impingement sign and weakness to resisted function. She was then recommended to undergo shoulder surgery (arthroscopic evaluation/repair of the labrum/evaluation of biceps and evaluation of rotator cuff). She was also recommended Norco, Norflex, Falfon, Flexeril, Protonix, tramadol, Neurontin, LidoPro cream, Terocin patches, Lunesta, and liver and kidney function testing, all in preparation for her upcoming surgery. She was also recommended Augmentin 875/125 mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amox-Clavulanate (Augmentin) 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 (Augmentin)

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. [1075 references] PubMed External Web Site Policy

Decision rationale: The MTUS is silent regarding antibiotics for shoulder arthroscopic surgery. Clinical practice guidelines based on current evidence suggest that for orthopedic procedures, which are clean, arthroscopic procedures, and other procedures without instrumentation or implantation of foreign materials, do not require prophylaxis with antibiotics. In cases which might warrant prophylaxis, single dosing or continuation for less than 24 hours in cases without indwelling drains and intravascular catheters is sufficient and the new standard of care. In the case, of this worker who was getting ready to undergo shoulder arthroscopy has insufficient evidence to suggest she was a unique case which would require prolonged prophylaxis with antibiotics, and broad spectrum at that. This seems unnecessary and inappropriate, considering the evidence presented in the documentation provided for review. Therefore, the Augmentin will be considered medically unnecessary.