

Case Number:	CM14-0050268		
Date Assigned:	06/25/2014	Date of Injury:	09/27/2013
Decision Date:	02/10/2015	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/25/2014

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 Orthopedic Surgery, has a subspecialty in Sports 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 56-year-old male who reported injury on 09/27/2013. The mechanism of injury was the injured worker was driving a truck and was struck by another vehicle that ran a red light. The injured worker was noted to have a torn meniscus. The diagnostic studies, medications and therapies were not provided. The documentation indicated the injured worker underwent a right knee arthroscopy with a partial synovectomy, medial meniscus, partial meniscectomy and chondroplasty on 02/01/2014. The documentation of 01/30/2014 revealed the injured worker with a limping antalgic gait to the right lower extremity with forward leaning and slow walking. The injured worker had significant knee swelling in the right knee joint. There was tenderness to the joint line. The McMurray's test was positive and there was an appreciable popping and cracking sound in the knee joint with motion. The diagnoses included tear medial meniscus knee current. The treatment plan included surgical intervention and Augmentin 800 mg every 8 hours as needed for infection for prophylaxis management. There was no DWC Form RFA submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Augmentin 800 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons (AAOS) for Prophylactic Antibiotics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Disease Chapter, Amoxicillin-Clavulanate (Augmentin®).

Decision rationale: The Official Disability Guidelines indicate that Augmentin is recommended as a first line treatment for bite wounds and other conditions. The clinical documentation submitted for review indicated the injured worker would be undergoing surgical intervention. The requested Augmentin would be supported as the injured worker would be undergoing surgical intervention and will be exposed to intraoperative bacteria. However, the request as submitted failed to indicate the quantity and frequency for the medication. Given the above, the request for post-operative Augmentin 800 mg is not medically necessary.