

Case Number:	CM15-0120571		
Date Assigned:	08/06/2015	Date of Injury:	07/25/2012
Decision Date:	09/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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 injured worker is a 46 year old female who sustained an industrial injury on 07-23-2012. Current diagnoses include status post right knee arthroscopy, and right knee synovitis. Previous treatments included medications, surgical interventions, Visco supplementation bilateral knee, gym membership, and physiotherapy. Report dated 03-31-2015 noted that the injured worker presented for follow up regarding the bilateral knee. Pain level was not included. The injured worker reported good improvement with physiotherapy and is ready to return to work. Physical examination was positive for good range of motion and good quad strength, and no pain to mechanical testing. The treatment plan included releasing back to work on 04-01-2015, and follow up in 6 weeks. Addendum dated 05-26-2015 documented that the injured worker underwent knee arthroscopy as an outpatient. It was further stated that during the outpatient recovery it is medically necessary and common to receive intermittent compression devices to prevent deep vein thrombosis at the facility. Noting that this has not been covered by worker's compensation. Disputed treatments include Bactrim DS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bactrim DS (sulfamethoxazole/trimethoprim) 800/160 mg Qty 14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bert JM, Antibiotic prophylaxis for arthroscopy of the knee: is it necessary?, Arthroscopy, 2007 Jan; 23(1): 4-6 (<http://www.ncbi.nlm.nih.gov/pubmed/17210420>).

Decision rationale: The MTUS Guidelines do not specifically address antibiotic prophylaxis for knee arthroscopy. Although research is limited in this area, a retrospective review, which involved over 3000 participants revealed that there was no significant reduction in the infection rate with antibiotic prophylaxis compared to without. In the case of this worker, although this is not exactly clear, it is assumed the antibiotic was prescribed for prophylaxis and not for an existing infection, for which there was no evidence to show existed in the notes available for review. Therefore, due to this practice being generally unsubstantiated and not having any evidence in the notes to suggest this case is unique to justify the antibiotic, the request for Bactrim IS NOT medically necessary.