

Case Number:	CM15-0022436		
Date Assigned:	02/12/2015	Date of Injury:	10/11/2004
Decision Date:	04/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/06/2015

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: California

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old male sustained a work related injury on 10/11/2004. According to a progress report dated 01/16/2015, the injured worker reported persistent pain and swelling of the right knee. Diagnosis was post-op total knee replacement. The provider noted that the injured worker continued with right knee pain and swelling. A bone scan was discussed as an option to further evaluate the knee for loosening, although based on his x-rays and his symptoms, the provider was doubtful of prosthetic loosening. According to a letter by the provider dated 02/04/2015, current AAOS guidelines recommend dental prophylaxis for lifetime to prevent hematogenous infection of a prosthetic joint especially in high risk patients and that the injured worker should have oral antibiotics as prescribed to be covered. On 01/30/2015, Utilization Review non-certified 1 three phase bone scan to evaluate possible prosthetic loosening and 1 prescription of Amoxicillin 500mg #4. According to the Utilization Review physician, in regard to a three phase bone scan, there was no evidence that the injured worker had undergone a knee aspiration as is recommended by guidelines to rule out infection prior to a bone scan being performed. Additionally the provider noted in a progress report that he did not believe there was any loosening of the prosthesis. Lastly, in a letter dated 04/28/2014, it was noted that the provider attributed the continuing pain in the injured worker's knee to the nickel content of the prosthesis to which the injured worker was allergic. The Official Disability Guidelines, Knee (Acute & Chronic) were referenced. In regard to Amoxicillin, there was no evidence that the injured worker had previous joint infections and it did not appear that the injured worker was immunocompromised. There was no record of joint aspiration to determine if infection was

present. As the total knee replacement was performed more than two years ago, the injured worker does not meet the criteria for prophylactic antibiotic use prior to dental procedures. Guidelines referenced included Clinical Affairs Committee, Council on Clinical Affairs, American Academy of Pediatric Dentistry (AAPD); 2011 5 p. (27 references). The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 3 phrase bone scan to evaluate possible prosthetic loosening: 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), Knee (Acute & Chronic), Bone Scan (Imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Bone scan (imaging).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses bone scans. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints Table 13-5 Ability of Various Techniques to Identify and Define Knee Pathology (Page 343) indicates that bone scans have nil ability to identify and define regional pain. Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) indicates that bone scan (imaging) is recommended after total knee replacement if pain caused by loosening of implant suspected. The orthopedic surgeon's report dated 1/16/15 documented that X-rays revealed a revision TKA total knee arthroplasty in good alignment. No evidence of loosening was noted. Based on the X-rays and the patient's symptoms, the orthopedic surgeon stated that he was doubtful of prosthetic loosening. The orthopedic surgeon noted that bone scans are fairly nonspecific, in some cases non-diagnostic, and open to interpretation. The results of the study may not alter his treatment. Because the orthopedic surgeon was doubtful of prosthetic loosening, the request for a bone scan is not supported. Therefore, the request for bone scan is not medically necessary.

1 prescription of Amoxicillin 500mg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Affairs Committee, Council Affairs. Guideline on antibiotic prophylaxis for dental patients at risk for infection. Chicago (IL): American Academy of Pediatric Dentrist (AAPD); 2011. 5 p. [27 references].

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 - J Am Dent Assoc. 2015 Jan. [http://jada.ada.org/article/S0002-8177\(14\)00019-1/pdf](http://jada.ada.org/article/S0002-8177(14)00019-1/pdf).

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 including risk for anaphylaxis, antibiotic resistance, and opportunistic infections like Clostridium difficile. The benefits of antibiotic prophylaxis may not exceed the harms for most patients. The operative report dated 8/30/13 documented right total knee arthroplasty. Amoxicillin dental prophylaxis 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 is not medically necessary.