

<b>Case Number:</b>	CM15-0071089		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Physical Medicine & Rehabilitation

### 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(n) 49 year old male, who sustained an industrial injury on 2/16/11. He reported pain in his bilateral knees. The injured worker was diagnosed as having internal derangement of the right knee and internal derangement of the left knee with lateral meniscus tear. Treatment to date has included cortisone injections, a right knee MRI, a TENs unit and pain medications. As of the PR2 dated 3/12/15, the injured worker presents for preoperative visit for surgery. He reports complications from previous surgeries including, anesthesia, infection, thrombophlebitis, persistent pain and revision. The treating physician requested Amoxicillin 875mg #40.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amoxicillin 875 mg, forty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, Chronic Pain Treatment Guidelines Page(s): 118 - 120.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Infectious Diseases chapter, under Amoxicillin.

**Decision rationale:** The patient presents on 03/12/15 for a pre-operative evaluation, is scheduled to undergo left knee meniscus repair. The subsequent progress note, dated 03/18/15 indicates that this patient is scheduled for surgery on 03/19/15, though it is not clear if the procedure was performed. The patient's date of injury is 02/16/11. Patient is status post cortisone injection to the left knee at a date unspecified. The request is for AMOXICILLIN 875MG, FORTY COUNT. The RFA was not provided. Physical examination dated 03/12/15 reveals tenderness to palpation of the left knee along the patella and inner joint line, and reduced range of motion on extension and flexion. The patient is currently prescribed Naflon, Tramadol, Norco, Effexor, and Trazodone. Diagnostic imaging was not included. Patient is currently classified as permanently disabled. ODG Infectious Diseases chapter, under Amoxicillin states: "Recommended as first-line treatment for cellulitis and other conditions." For preoperative prophylactic antibiotics use, the National Guideline Clearinghouse by the US Dept of Health and Human Services states, "Antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials." In this case, the request is for prophylactic treatment with Amoxicillin to be initiated several days before surgery and to continue for 7-9 days following the procedure. Progress note dated 03/12/15 documents that this patient has a history of post-surgical infection and phlebitis, and that the request for Amoxicillin is a preventative measure given this patient's history of surgical complications. Even though the patient has had history of infection, the patient is not currently experiencing an active infection, and the surgical procedure proposed is a clean orthopedic procedure that does not require prophylactic use of antibiotics. The request IS NOT medically necessary.