

<b>Case Number:</b>	CM15-0098363		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	11/05/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Preventive Medicine, Occupational 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:

The injured worker is a 58 year old male, who sustained an industrial injury on November 5, 2014. The injured worker was diagnosed as having impingement syndrome. Treatment to date has included magnetic resonance imaging (MRI), x-rays and medication. A progress note dated March 27, 2015 the injured worker complains of right shoulder and left knee pain. He reports only temporary relief with cortisone injection. Shoulder x-rays reveal hypertrophic changes and severe osteophytosis. Magnetic resonance imaging (MRI) showed partial and full thickness tear of the shoulder with degenerative changes. Physical exam notes positive Hawkin's sign. The plan is for right shoulder arthroscopic surgery with pre-operative and post-operative associated services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of post-op Keflex 500mg #30:** 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

<http://orthoinfo.aaos.org/topic.cfm?topic=A00589><http://orthoinfo.aaos.org/topic.cfm?topic=a00406>.

**Decision rationale:** MTUS and ODG Guidelines do not address this issue. Other standard setting bodies note that intraoperative antibiotics are given, but post operative antibiotics are not recommended. This issue has been studied for arthroscopic knee surgery and outcomes were worse if oral post operative antibiotics were given. The requesting physician does not document any unusual circumstances to justify this request. The one prescription of post-op Keflex 500mg #30 is not medically necessary.

**Associated service: One medical clearance:** 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 <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/GlobalSurgery-ICN907166.pdf>.

**Decision rationale:** MTUS Guidelines do not address this issue. Standard setting bodies (Medicare guidelines) consider pre-operative evaluations as part of the global fee schedule when surgery has been decided upon. The requesting physician does not provide any information to support the medical necessity for a distinct and separate consultation/evaluation. The request for an associated services: one medical clearance is not supported by Guidelines and is not medically necessary.