

Case Number:	CM13-0046278		
Date Assigned:	12/27/2013	Date of Injury:	07/25/2013
Decision Date:	04/06/2015	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/12/2013

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 55-year-old male, who sustained an industrial injury on 07/25/2013. He has reported subsequent left shoulder pain and was diagnosed with thoracic strain/sprain and left shoulder strain/sprain. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 09/19/2013, the injured worker complained of continued left shoulder pain and weakness. Objective physical examination findings were notable for tenderness over the subacromial bursal space and shoulder girdle musculature of the left shoulder with positive Neer and Hawkins impingement sign, drop arm and empty can testing, forward flexion and abduction to 130 degrees and internal rotation to the SI joint. Recent MRI showed evidence of a full thickness rotator cuff tear of the left shoulder. The physician recommended left shoulder arthroscopy with rotator cuff repair. Requests for authorization of peri-operative Levaquin and DVT prophylaxis were made. On 10/15/2013, Utilization Review non-certified a request for Levaquin, noting that the standard for peri-operative antibiotic prophylaxis in uncomplicated cases is 24 hours and for outpatient cases with little risk, none is the standard of care and modified a request for DVT prophylaxis to certification of TEDS stockings only, noting that there was no indication that the injured worker was at high risk of developing DVT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Antibiotics-Levaquin 750mg, #20 (Peri-Operative): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Levofloxacin (Levaquin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons, Instructional Course Lectures 2011;60:545-55.

Decision rationale: The use of prophylactic antibiotics in orthopedic surgery has been proven effective in reducing surgical site infections after hip and knee arthroplasty, spine procedures, and open reduction and internal fixation of fractures. To maximize the beneficial effect of prophylactic antibiotics, while minimizing any adverse effects, the correct antimicrobial agent must be selected, the drug must be administered just before incision, and the duration of administration should not exceed 24 hours. Use of prophylactic antibiotics beyond 24 hours is not recommended. As such, the request for Levaquin 750mg #20 (perioperative) for 10 days is not supported and the medical necessity of the request is not established.

DVT Prophylaxis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Shoulder, Topic: Venous thromboembolism.

Decision rationale: ODG guidelines indicate deep vein thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery but they are rare following upper extremity surgery, especially shoulder arthroscopy. The incidence is 1 case per 1000. Administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. However, subjects who are at high risk of developing venous thrombosis need prophylactic measures such as consideration for anticoagulation therapy. The documentation provided does not indicate that the injured worker is at high risk for developing deep vein thrombosis. As such, the request for DVT prophylaxis is not supported and the medical necessity is not substantiated.