

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/17/2013
Date of Injury: 3/11/2013
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0004479

- 1) MAXIMUS Federal Services, Inc. has determined the request for deep vein thrombosis (DVT) prophylaxis **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for antibiotics- Levaquin 750mg for 10 days #20 (peri-operative) **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for medical clearance **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for deep vein thrombosis (DVT) prophylaxis **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for antibiotics- Levaquin 750mg for 10 days #20 (peri-operative) **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for medical clearance **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 45-year-old male who reported an injury on 03/11/2013. A clinical note dated 04/16/2013 reported the patient had complaints of right shoulder pain. Past medical history was significant for disc replacement and 4 hernia surgeries. MRI of the right shoulder dated 05/15/2013 revealed unremarkable rotator cuff with mild acromioclavicular osteoarthritis. Followup on 05/21/2013 reported the patient had positive impingement sign and O'Brien's test. The patient was recommended for conservative care. Followup on 07/01/2013 reported the patient continued to have right shoulder pain, weakness, and loss of motion. The patient was recommended for right shoulder diagnostic and operative arthroscopy. The utilization review dated 07/17/2013 reported a request for right shoulder surgery was modified to an approval of right shoulder diagnostic/operative arthroscopic debridement with acromioplasty resection of coracoid acromial ligament and bursa with possible distal clavicle resection. The patient was also authorized for an assistant surgeon, 12 sessions of postoperative physical therapy, TED stockings, and preoperative CBC and BMP.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for deep vein thrombosis deep vein thrombosis (DVT) prophylaxis:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines and the ACOEM guidelines, which are part of the MTUS, and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on ODG, Shoulder Chapter, Online Edition, venous thrombosis, which is not part of the the MTUS

Rationale for the Decision:

The ODG recommends the treatment for DVTs, but state that the shoulder is a lower risk area than the knees. An uncomplicated shoulder arthroscopy would be considered low risk. The documentation submitted for review fails to indicate the employee has any comorbidities that would place the employee at a significant risk factor for developing DVTs. **The request for deep vein thrombosis (DVT) prophylaxis is not medically necessary and appropriate.**

2) Regarding the request for antibiotics-Levaquin 750mg for 10 days #20 (peri-operative):

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines and ACOEM guidelines, which are part of the MTUS and the ODG, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Medline Plus, Online Edition, Levofloxacin, which is not part of the MTUS.

Rationale for the Decision:

MedLine Plus indicates that Levaquin is an antibiotic. Antibiotics are utilized in the perioperative setting for specific patients; however, the documentation submitted for review fails to indicate the employee is undergoing a level of surgery that would require perioperative antibiotic therapy with Levaquin. There is a lack of documentation to indicate the employee is at any significant risk factor for developing postoperative infection. **The request for antibiotics- Levaquin 750mg for 10days #20 (peri-operative) is not medically necessary and appropriate.**

3) Regarding the request for medical clearance:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines and ACOEM guidelines, which are part of the MTUS, and the ODG, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on ODG, Low Back Chapter, Online Edition, Preoperative testing, general, which is not part of the MTUS.

Rationale for the Decision:

The ODG states that preoperative testing, including medical clearance, is typically recommended for patients undergoing high risk surgery. The documentation submitted for review fails to indicate the employee has any significant comorbidities to warrant the need for medical clearance beyond the previously authorized CBC and BMP. Given the lack of comorbidities to suggest the need for medical clearance, the request is not indicated. **The request for medical clearance is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.