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| Case Number: | CM13-0060361 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 06/22/2009 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 12/03/2013 |

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year-old male sustained a leg injury when a log rolled on his leg on 6/22/09. Request under consideration include 1 prescription of Cephalexin 500mg# 40. Conservative care has included medications, physical therapy, steroid injections, and previous surgical intervention. Report of 11/11/13 from the provider noted the patient was being treated for left knee pain. He is s/p left knee arthroplasty on 10/2/13. It was noted the patient developed a urinary tract infection around 10/15/13. Primary diagnosis list osteoarthritis NOS of left leg. Request included 10 post-op physical therapy sessions which was conditionally non-certified while the Cephalexin was non-certified citing lack of support from guidelines, patient's history and lack of medical necessity as there was no documentation of recurrent urinary tract infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CEPHALEXIN 500 MG # 40: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of Obstetricians and Gynecologist of Canada (SODC) Recurrent urinary tract infection. J. Obstet Gynaecol Can 2010 Nov;32(11):1082-90

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Office Visits, page 332

Decision rationale: Cephalexin (Keflex) is a cephalosporin antibiotic prescribed for indications of infections of the respiratory tract, otitis media, skin, bone, and genitourinary tract including prostatitis with usual adult dosing of 250 mg every 6 hours. It appear the request of Cephalexin 500 mg #40 is for a one-time course treatment of recent urinary tract infection sustained in the post-operative period of recent left knee arthroplasty for osteoarthritis. Medical necessity has been demonstrated to support for this antibiotic course to treat an infection most likely derived from the surgical knee replacement procedure. The prescription of cephalexin 500mg # 40 is medically necessary and appropriate.