

Case Number:	CM13-0062528		
Date Assigned:	12/30/2013	Date of Injury:	05/21/2003
Decision Date:	04/03/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 physician 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 is a 73-year-old with a 5/21/03 industrial injury claim. According to the 10/25/13 report from [REDACTED], the diagnoses is bilateral knee DJD (degenerative joint disease); right TKA (total knee arthroplasty) 3/30/06; right Achilles tendonitis secondary to right knee stiffness. The 1/7/13 report from [REDACTED] states the patient had left knee TKA on 12/13/12. On 11/7/13 UR denied Keflex 500mg x4 tablets 1 hour prior to dental appointments, colonoscopies, and dermatology appointments and left knee PT 3x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg, four capsules one hour prior to dental appointments, colonoscopies, and dermatology appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association (ADA) and Academy of Orthopedic Surgeons Guidelines for the Prevention of Orthopaedic Implant Infection in Patients Undergoing dental Procedures Evidence-Based Guidelines and Evidence Report.

Decision rationale: The Physician Reviewer's decision rationale: The patient presents with knee pain, with history of bilateral TKA (total knee arthroplasty). The request before me is for Keflex 500mg x4 capsules 1 hour prior to dental appointments, colonoscopy and dermatology appointments. There is no indication in the available records that the patient is anticipating a dental, GI or dermatology appointment. There is no reference in MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines related to the issue at hand. According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the highest ranked standard is likely (C) Nationally recognized professional standards. According to the ADA 2012 updated guidelines on premedication, it is no longer recommended that all patients with joint replacements be placed on premedications. They state they may require premedication if there are comorbid conditions. The request for Keflex 500mg, four capsules one hour prior to dental appointments, colonoscopies, and dermatology appointments, is not medically necessary or appropriate.

Left knee physical therapy, three times per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The patient presents with knee pain, with history of bilateral TKA (total knee arthroplasty), the right TKA in 2006 and the left TKA in Dec. 2012. According to the postsurgical treatment guidelines, the postsurgical physical medicine treatment timeframe for a knee arthroplasty is 4-months. The patient is outside of the postsurgical treatment timeframe, and the Chronic Pain Medical Treatment Guidelines apply. The Chronic Pain Medical Treatment Guidelines allows for eight to ten sessions of physical therapy for various myalgias and neuralgias. The request for left knee physical therapy, three times per week for four weeks, is not medically necessary or appropriate.