

Case Number:	CM14-0002337		
Date Assigned:	01/24/2014	Date of Injury:	08/23/2012
Decision Date:	06/10/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 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:

According to the records made available for review, this is a 55-year-old male with an 8/23/12 date of injury. At the time (10/17/13) of request for authorization for Keflex 500mg #12, there is documentation of subjective (left shoulder pain and sensitivity) and objective (atrophy to the left upper arm, tenderness of the left glenohumeral joint, acromioclavicular joint, and rotator cuff, and evidence of instability and impingement on the left) findings. The current diagnosis includes sprain/strain other specific cites of the shoulder and upper arm. The treatments to date include medications, splinting, and therapy. The medical report identifies a pending surgery that is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP MED X1: KEFLEX 500MG, 1 CAP BY MOUTH QID, #12: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20; <http://www.drugs.com/keflex.html>

Decision rationale: The MTUS and Official Disability Guidelines (ODG) do not address this issue. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The guidelines support pre- and peri-operative antibiotics for up to 24 hours in uncomplicated cases. Within the medical information available for review, there is documentation of a diagnosis of sprain/strain other specific cites of the shoulder and upper arm. In addition, there is documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Keflex 500mg #12 is medically necessary.