

Case Number:	CM14-0106141		
Date Assigned:	08/01/2014	Date of Injury:	11/02/2012
Decision Date:	09/09/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas & Oklahoma. 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:

The injured worker is a 48-year-old female who reported an injury after she slipped and fell on 11/02/2012. The clinical note dated 05/09/2014 indicated diagnoses of tear of right scapholunate interosseous ligament confirmed by MR arthrogram and a postarthrogram dated 04/25/2014, tear of the triangular fibrocartilage complex central, De Quervain's tenosynovitis, right ulnar neuropathy localized to the right cubital tunnel secondary to compression/stretch, and right lateral elbow pain localized to the proximal aspect of the extensor carpi ulnaris. The injured worker reported numbness and tingling in the right ring and little fingers that was constant and pain on the ulnar aspect of the right wrist that radiated proximally to the right lateral elbow. The injured worker reported pain at the proximal thenar eminence, and she rated her pain 6/10. The injured worker reported pain at the right radial wrist at the first dorsal compartment rated 6/10 that radiated proximally along the right radial forearm. On physical examination of the upper extremities, the injured worker's grip strength was measured 45, 45 and 40 on the right, and 65, 65, 60 on the left. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for Keflex. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg 1 capsule 4 times every day #20 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Hauck, R. M., & Nogan, S. (2013). The use of prophylactic antibiotics in plastic surgery: update in 2010. *Annals of plastic surgery*, 70(1), 91-97.

Decision rationale: The request for Keflex 500mg 1 capsule 4 times every day #20 with 1 refill is non-certified. Per Hauck, R. M., & Nogan, S. (2013), "The indications for prophylactic antibiotics in plastic surgery remain controversial. No recent survey has been reported on the use of prophylactic antibiotics by plastic surgeons in clinical practice". Within the clinical notes reviewed there was lack of documentation of any medication the injured worker was taking. In addition, it is not indicated whether the injured worker was already utilizing the prophylactic antibiotic. Moreover, the provider failed to provide a rationale for the requested medication. Therefore, the request for Keflex is not medically necessary.