

Case Number:	CM14-0115814		
Date Assigned:	08/04/2014	Date of Injury:	04/25/2011
Decision Date:	10/01/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/23/2014

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 Internal Medicine 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:

The injured worker is a 38 year old male who had a work related injury on 04/25/11. The injured worker was using a grinder to cut a piece of metal; the blades of the grinder were loose. This caused the grinder to move and the blades lacerated the injured worker's left wrist and forearm. The injured worker was diagnosed with post-traumatic pain involving the left medial half of the elbow, forearm, wrist, and hand and dysesthesia involving the left medial half of the elbow, forearm, wrist, and hand. The injured worker has been treated with physical therapy, anti-inflammatory medications, Tramadol, and Gabapentin. The most recent progress report dated 06/13/14 summarized recent MR arthrogram findings which identified 2 metallic foreign bodies, 1 in the superficial and 1 in the deep subcutaneous tissue, tears in the scapholunate interosseous and lunotriquetral interosseous ligaments, and much less fullness of the flexor carpi ulnaris proximal to the pisiform. A prior utilization review on 07/20/14 certified the surgical request for removal of retained foreign body from the superficial soft tissue of the left wrist, removal of 1 retained foreign body from the deep soft tissue of the left wrist, excision of neuroma from the ulnar aspect of the left wrist involving the dorsal ulnar sensory nerve, repair of the dorsal ulnar sensory nerve under microscope, or implantation into more proximal flexor carpi ulnaris muscle, neurolysis of the left ulnar nerve at the proximal aspect of Guyon's canal, repair of the left flexor carpi ulnaris depending on findings at the time of surgery and conditions of the tendon. There is no documentation that the injured worker has undergone surgery, the prior utilization also non-certified the Keflex 500mg #20 with 1 refill. Current request is for Keflex 500mg #20 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg #20 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, hip & pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis chapter, Prophylaxis (antibiotic & anticoagulant)

Decision rationale: The request for Keflex 500mg #20 with 1 refill is not medically necessary. There is no documentation that the injured worker has an active infection. Recommended in conjunction with hip surgery. Not recommended for clean orthopedic procedures, including knee, hand, wrist and foot procedures, and other procedures without instrumentation. Therefore medical necessity has not been established.