

Case Number:	CM14-0120380		
Date Assigned:	08/06/2014	Date of Injury:	09/08/2013
Decision Date:	12/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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 Family 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:

This is a 56-year-old female who reported an industrial injury to the right knee on 9/8/2013, 15 months ago, attributed to the performance of her usual and customary job tasks reported as pushing and pulling pallets. The patient is been treated conservatively with physical therapy; corticosteroid injections; viscosupplementation injections; medications; activity modifications. The patient continued to have right knee pain with objective findings on examination. The MRI of the right knee dated 11/12/2013, documented evidence of chondromalacia on the medial tibial plateau, degenerative some chondrosis in the posterior tibial plateau, and chondral Malay skill changes of the patellofemoral joint along the medial facet. The treatment plan included arthroscopic debridement of the right knee. The patient was prescribed Keflex prophylactically for the postoperative treatment of the right knee without a rationale to support medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex (Cephalexin): Upheld

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

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: General disciplinary guidelines for the practice of medicine

Decision rationale: The patient was prescribed the antibiotic Keflex without a dose or quantity at the same time the request is made for arthroscopy and debridement of the right knee. The Keflex appeared to be prescribed prophylactically for the postoperative treatment of arthroscopy to the right knee for debridement of the diagnosed chondromalacia and osteoarthritis. There was no rationale supported with objective evidence by the treating physician to support the medical necessity of prophylactic Keflex. There was no documented dose or quantity. The patient was not noted to have any risk factors for a secondary infection after the performed arthroscopy of the right knee. The request for unspecified Keflex was not demonstrated to be medically necessary for the postoperative treatment of the patient.