

<b>Case Number:</b>	CM14-0150965		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/02/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Orthopaedic 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:

This 46-year-old female call center representative sustained an industrial injury on 10/2/11 due to cumulative trauma. The 6/29/12 left wrist MRI documented a synovial versus ganglion cyst ventral to the radioscaphoid joint and first metacarpal trapezium osteoarthritis. The 7/10/12 electrodiagnostic studies were consistent with bilateral carpal tunnel syndrome and C6 and C7 radiculopathy. The patient underwent right carpal tunnel release on 4/2/14. The 7/24/14 orthopedic surgery report cited worsening grade 5/10 left wrist pain radiating to the left fingers. Pain was described as stabbing, radiating, throbbing, tingling, burning, and numbness. There were no alleviating factors. The patient had failed guideline-recommended conservative treatment. Left carpal tunnel release with post-op physical therapy and medications were requested. The 8/8/14 utilization review certified a request for left carpal tunnel release. The 8/14/14 pre-operative medical evaluation documented past medical history positive for type 2 diabetes and a history of hypertension, anxiety, depression, and attention deficit disorder. The patient was cleared to proceed with surgery. The 8/14/14 treating physician report cited continued bilateral wrist pain. The patient stated that the left carpal tunnel release was scheduled for 8/28/14. She was concerned that the surgeon had not addressed the on-going pain in the right wrist and that surgery on the left wrist would leave her without functional hands. The treatment plan indicated that the orthopedist would be contacted to cancel the scheduled surgery. The right wrist required re-evaluation and treatment prior to proceeding with the left carpal tunnel release. The 8/20/14 utilization review denied the request for Cephalexin as there was no clear rationale for use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cephalexin 500mg #20 capsules:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283

**Decision rationale:** The California MTUS and Official Disability Guidelines do not provide recommendations for prophylactic antibiotics. The National Guideline Clearinghouse was searched. Clinical practice guidelines state that antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. When procedures include implantation of foreign materials, guidelines generally recommend a single dose of Cefazolin with a duration of antimicrobial prophylaxis of less than or equal to 24 hours. Guideline criteria have not been met. The current surgery appears to be postponed. There is no compelling reason to support the medical necessity of prophylactic Cephalexin for the duration prescribed. There is no current infection documented in the records requiring antibiotic therapy. Therefore, this request is not medically necessary.