

Case Number:	CM14-0152220		
Date Assigned:	09/22/2014	Date of Injury:	10/28/2010
Decision Date:	12/10/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/18/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56 year old male with an injury date of 10/28/10. Per the 08/01/14 report by [REDACTED], the patient presents with limited range of motion and stiffness in the fingers of the right hand, pain in the right wrist especially with application of pressure, pain in the right fingers and knuckles, and numbness on the topside of the knuckles of the right hand. This report states physical examination is unchanged. The patient's diagnoses include: 1. Right 2nd, 3rd and 4th finger MCP joint extensor lag. 2. Right PIP-5 joint flexion contracture with possible volar plate contracture PIP-5 joint. 3. Right little finger DIP-5 extension contracture. 4. Right thumb, long, ring tendinitis tenderness A-1 pulley without triggering. The utilization review being challenged is dated 08/29/14. The rationale is that the request is for a surgical procedure that was non-certified and there is no indication for use of oral anti-biotics post-surgery for the type of surgery requested. Reports were provided from 07/16/13 to 08/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47-48, 270, Postsurgical Treatment 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: ASHP (American Society of Health-System Pharmacists) therapeutic guidelines p586

Decision rationale: The patient presents with stiffness and limited range of motion in the fingers or the right hand, pain in the right wrist and pain and numbness in the knuckles of the right hand. The treater request for KEFLEX 500 mg #30 (Cephalexin). MTUS, ACOEM and ODG guidelines do not address post-op antibiotics use. However, the ASHP (American Society of Health-System Pharmacists) therapeutic guidelines page 586 states for "Clean operations involving hand, knee or foot and not involving implantation of foreign materials"--no antibiotics required. In this case it appears the treater has requested this medication on 08/19/14 for post-operative treatment as part of a request for the following surgical procedures: 1. Recon finger Volar plate PIP joint. 2. Percut Sk fixation PIP dislocation. 3. Tenolysis extensor hand/finger, single DIP. 4. Capsulotomy DIP. 5. Tenotomy extensor. 6. Percut Sk fixation DIP dislocation. The use of post-operative antibiotics would appear reasonable given the proposed use of hardware for surgery. Should the proposed surgery become authorized and scheduled, post-op use of antibiotics should be allowed. The request is medically necessary.