

<b>Case Number:</b>	CM14-0024979		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 and is licensed to practice in Nevada. 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 62-year-old female injured on January 19, 2012. The mechanism of injury was noted as a cumulative trauma disorder. The most recent progress note indicated that there were ongoing complaints of upper extremity pain. The physical examination demonstrated a 5'3" 185 pound individual who had pain with motion of every joint. Motor and sensory are intact. Diagnostic imaging studies objectified or reported the following findings of a normal chest x-ray. This was not certified in the pre-authorization process on February 3, 2014. Surgical intervention for a right wrist ganglion and de Quervain's tenosynovitis was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KEFLEX 500 #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Accessed Electronically.

**Decision rationale:** It is noted that the use of an anti-infective agent can be supported for prophylaxis in the perioperative period. However, the progress notes do not identify any evidence of infection, cellulitis, stitch abscess or any other malady that would require antibiotic

intervention. Therefore, based on this complete lack of clinical information, there is no clear clinical reason presented to support this request. This is not medically necessary.