

Case Number:	CM14-0067130		
Date Assigned:	07/02/2014	Date of Injury:	11/01/2012
Decision Date:	07/31/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/10/2014

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 Orthopedic 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:

The claimant is a 62-year-old female who sustained an injury to the left shoulder on November 1, 2012. The clinical records provided for review document that the claimant has failed conservative care and a left shoulder arthroscopy, synovectomy, labral assessment, subacromial decompression and rotator cuff repair was ultimately performed August 29, 2013. Postoperatively, the progress report of February 25, 2014 described continued complaints of clicking in the shoulder. Physical examination showed restricted range of motion to 90 degrees of forward flexion and weakness with resisted movements. There is no documentation of other clinical findings, postoperative imaging, or physical exam findings for review. This is a request for oral use of Keflex as "postoperative medication".

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg #30, post-op medication: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment index, 11th edition (web), 2013, Infectious Disease, cephalixin (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: infectious procedure - Cephalexin (Keflex®).

Decision rationale: The MTUS and ACOEM Guidelines do not address this medication. According to the Official Disability Guidelines, Keflex can be used perioperatively in treatment of cellulitis or other infective skin or soft tissue infections. The medical records do not document that the claimant is diagnosed with any degree of cellulitis or skin infection of the claimant's shoulder. The medical records also do not document the rationale for prescribing Keflex. In absence of the above information, the use of Keflex cannot be recommended as medically necessary.