

Case Number:	CM14-0000512		
Date Assigned:	01/10/2014	Date of Injury:	02/09/2011
Decision Date:	04/02/2015	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 54 year old woman sustained an industrial injury on 2/9/2011. The mechanism of injury was not detailed. Current diagnoses include right elbow neuropathy, right cubital tunnel and carpal tunnel syndrome, left trigger thumb, cervical myofascial pain, intervertebral disc disease, and lumbar radiculopathy. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 2/7/2014 show complaints of persistent neck, upper and low back pain which extends into the bilateral legs rated 4/10. Recommendations include continuing medications and follow up. There is also a request for cardiology consultation prior to surgical intervention due to an abnormal EKG. On 12/20/2013, Utilization Review evaluated a prescription for pre-operative medical clearance EKG/Basic Metabolic Panel/Ancef, that was submitted on 1/2/2014. The UR physician noted that some pre-operative clearance is necessary. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ancef (dosage unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons: Policy on use of Prophylactic antibiotics.

Decision rationale: The injured worker has been certified for surgery. Ancef is requested as prophylactic antibiotic to be administered prior to surgery. Although the request is appropriate and consistent with the guidelines for prophylactic antibiotics of the American Academy of Orthopedic Surgeons, the dosage and route of administration has not been specified. As such, the medical necessity of the request cannot be substantiated.