

<b>Case Number:</b>	CM14-0187277		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Internal Medicine 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 an injured worker with left shoulder impingement and partial-thickness rotator cuff tear. Date of injury was 2/12/14. The progress report dated 9/22/14 documented subjective complaints of left shoulder pain. Physical examination revealed tenderness, weakness, guarding, positive impingement. The patient had conservative treatment including medication and activity modification. MRI magnetic resonance imaging performed on 9/25/14 of the left shoulder demonstrated small bursal sided tear of the supraspinatus tendon at the footprint contiguous with high grade insertional tearing near the footprint on background tendinosis, moderate infraspinatus tendinosis with low grade interstitial tearing near the footprint. The progress report dated 10/20/14 documented left shoulder pain. Examination revealed tenderness, positive impingement, decreased strength, and full range of motion. MRI magnetic resonance imaging is noted to reveal a partial thickness tear. Patient had conservative treatment including physical therapy, medication and activity modification. Left shoulder arthroscopic rotator cuff repair surgery was authorized. Keflex as antimicrobial prophylaxis for the shoulder surgery was requested 10/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Keflex (Cephalexin) 500mg capsules #12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Treatment Guidelines; Indian J Med Res. 2013 Jan.

**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: American Society of Health-System Pharmacists (ASHP) Bibliographic Source: 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. PMID: 23327981 @ <http://www.guideline.gov/content.aspx?id=39533> htt

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address antimicrobial prophylaxis in surgery. American Society of Health-System Pharmacists (ASHP) Clinical practice guidelines for antimicrobial prophylaxis in surgery (2013) indicate 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 (Page 238). In clean orthopedic procedures, such as knee, hand, and foot procedures, and those not involving the implantation of foreign materials, the need for antimicrobial prophylaxis is not well established. The risks of surgical-site infections and long-term sequelae are low for procedures not involving implantation. Medical records document the diagnoses of left shoulder impingement and partial-thickness rotator cuff tear. Left shoulder arthroscopic rotator cuff repair surgery was authorized. Keflex as antimicrobial prophylaxis for the shoulder surgery was requested 10/27/14. American Society of Health-System Pharmacists (ASHP) guidelines do not support the use of Keflex antimicrobial prophylaxis. Therefore, the request for 1 Prescription for Keflex (Cephalexin) 500mg capsules #12 is not medically necessary.