MAXIMUS Federal Services

Case Number:	CM14-0191000		
Date Assigned:	11/24/2014	Date of Injury:	12/03/2011
Decision Date:	01/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/17/2014

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 Rehab, 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:

This 54 year-old patient sustained an injury to the left knee on 12/3/11 after getting up from squatting while employed by [redacted]. Request(s) under consideration include Keflex 500mg #30. Diagnoses include left internal knee derangement NOS. Left knee MRI dated 5/22/12 showed medial meniscal degeneration, tearing of posterior horn with medial compartment chondrosis. Conservative care has included medications, therapy, chiropractic treatment, and modified activities/rest. Report of 10/23/14 from the provider noted the patient with chronic ongoing left knee pain and swelling. Current medication lists Norco. Exam showed unchanged findings of joint line tenderness over patellofemoral region; positive McMurray's and patellar compression testing; and restricted range of motion. Treatment plan included left knee arthroscopy with partial meniscectomy and chondroplasty with post-op antibiotics. A peer review was performed with discussion to modify for 3 day postoperative treatment with #12 of Keflex. The request(s) for Keflex 500mg #30 was modified for #12 on 11/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg # 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition, Chapter: Infectious Diseases

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Prophylaxis (antibiotic & anticoagulant), page 260

Decision rationale: Cephalexin (Keflex) is a cephalosporin antibiotic prescribed for indications of infections of the respiratory tract, otitis media, skin, bone, and genitourinary tract including prostatitis with usual adult dosing of 250 mg every 6 hours. It appears the request of Cephalexin 500 mg #30 is for a one-time chemoprophylaxis course treatment in the post-operative period for planned left knee arthroscopy of partial meniscectomy and chondroplasty for meniscal tear as routine precaution to avoid postoperative infection; however, there are no documented comorbidities identified to deem the patient immunocompromised for routine precaution with use of antibiotics. A short course of antibiotic to prevent an infection with 3 days treatment was authorized; however, submitted reports have not demonstrated indication to support for extended duration requested beyond guidelines and standard treatment criteria. Per ODG, for patients undergoing elective total hip arthroplasty, use, timing of administration, and duration of antibiotics after surgery do not affect the incidence of surgical site infection. The patient has planned knee arthroscopy without noted infectious complications. The 1 prescription of cephalexin 500 mg #30 is not medically necessary and appropriate.