

Case Number:	CM14-0194805		
Date Assigned:	12/02/2014	Date of Injury:	01/01/2012
Decision Date:	01/14/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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 Georgia. 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 54-year-old female who reported an injury on 01/02/2012; while working as a lab technician, she had to be in awkward positions, bending and turning in tight spaces repetitively. Diagnosis included bilateral shoulder impingement, right worse than left, bilateral wrist and hand tenosynovitis with bilateral carpal tunnel syndrome, symptomatically right worse than left, bilateral shoulder later and medial epicondylitis with posterior elbow pain, cervical strain with right cervical radiculitis, lumbar strain with left lumbar radiculitis, and anxiety/depression secondary to chronic pain. The injured worker complained of right shoulder pain. The past treatments included cortisone injections, physical therapy and pain medication. The medications included ibuprofen. The physical examination, dated 10/13/2014, of the right shoulder revealed a forward elevation of 70 degrees actively and 80 degrees passively. Externally rotated to 70 degrees and internally rotated to the thigh level. AC joint was minimally tender when compared to the greater tuberosity and proximal biceps. Impingement sign was remarkably positive. Assessment to the right shoulder revealed adhesive capsulitis and impingement. The MRI to the right shoulder, dated 01/02/2014, revealed intact rotator cuff, moderate tendinitis over the right supraspinatus tendon. Calcified to the right subacromial subdeltoid bursitis. Sore tissue in the right rotator internal and thickening of the right inferior glenohumeral joint capsulitis which were findings that can be seen with adhesive capsulitis in the appropriate clinical setting. Mild degenerative changes to the right acromioclavicular joint and mild anterolaterally downsloping in orientation of the acromion, which were findings that may be increased in the anterior risk for subacromial impingement syndrome to the right shoulder. The treatment plan was for associated surgical service for Keflex 500 mg #12. The request dated 12/02/2014 for authorization with submitted within documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 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, 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) Infectious Diseases, Cephalexin (Keflex®)

Decision rationale: The request for Keflex 500mg #12 is not medically necessary. The Official Disability Guidelines recommend Keflex as a first line treatment for cellulitis and other conditions. For outpatients with non-purulent cellulitis, in particular treatments for infection for beta hemolytic staphylococci and methicillin sensitive s. aureus, cephalexin 500 mg 4 times a day is recommended as well as penicillin allergic that can be tolerated cephalosporins. The documentation did not indicate that the injured worker had been approved for surgery. Additionally, the documentation was not evident of cellulitis or infection. Therefore, the request for Keflex 500 mg #12 is not medically necessary.