MAXIMUS Federal Services

Case Number:	CM14-0205649		
Date Assigned:	12/17/2014	Date of Injury:	05/05/2014
Decision Date:	02/11/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/09/2014

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, has a subspecialty in Sports 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 injured worker is a 43-year-old female who reported an injury on 05/05/2014. The mechanism of injury was lifting. She was diagnosed with right carpal tunnel syndrome. Her past treatments were noted to include a wrist splints, medications, a home exercise program and epidural steroid injections. The injured worker was certified for a complete synovectomy, right wrist, with possible lunotriquetral ligament debridement. On 10/23/2014, the patient reported persistent pain in the radiocarpal joint, ulnar aspect. On physical examination of the right wrist, it was noted to have a slightly positive compression test on the right carpal canal and a slightly positive Phalen's test. In addition, there was pain with lunotriquetral shuck test. Her current medications were not provided. The treatment plan was noted to include authorization request for arthroscopic evaluation and debridement of the lunotriquetral ligament and a right wrist splint. A request was submitted for: Post-op Keflex 500mg x12, no refills; however, the rationale for the request was not provided. The Request for Authorization form was submitted on 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Keflex 500mg x12, no refills: 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-TWC) Infectious Diseases Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious disease, Cephalexin (KeflexÂ®). http://www.rxlist.com/keflex-drug/indications-dosage.htm.

Decision rationale: The request for Post-op Keflex 500mg x12, no refills is not medically necessary. The Official Disability Guidelines recommend as a first line treatment for cellulitis and other conditions. More specifically, therxlist.com indicates that Keflex should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. It was noted that the patient is certified for surgery; however, the rationale for the medication was not provided. Additionally, there was no evidence of cellulitis. Furthermore, the request as submitted did not specify frequency of use. As such, the request is not medically necessary.