

Case Number:	CM14-0021188		
Date Assigned:	05/07/2014	Date of Injury:	12/13/2010
Decision Date:	04/17/2015	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 55-year-old female who sustained an industrial injury on December 13, 2014. She has reported pain to her left small finger and has been diagnosed with history of avulsion type injury involving the left small finger with proximal phalanx fracture, subsequent union with MRSA infection requiring multiple surgical procedures and immobile painful left small finger. Treatment has included surgery, medications, splinting, TENS unit, home exercise program, and rehabilitation. Currently the injured worker complains of severe burning pain in her left small finger associated with swelling and total dysfunction. The treatment plan included surgery and medications. On February 13, 2014 Utilization Review non-certified 20 Keflex 500 mg citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 20 Keflex 500mg DOS: 1/13/2014: Overturned

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 Disease.

Decision rationale: Aforementioned citation supports the use of cephalosporin's in the treatment and prevention of superficial skin infections. I respectfully disagree with the UR physician's rationale for denial as the IW is at high risk for infection. The request is medically necessary.