

<b>Case Number:</b>	CM15-0004812		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	07/12/2009
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: New York  
 Certification(s)/Specialty: Neurological Surgery

### 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 67 year old female with an industrial injury 6/12/2009. The diagnoses included left lumbar radiculopathy, left knee derangement, left knee arthritis and chronic left ankle sprain/strain. The diagnostics included x-rays, lumbar/ left knee/ left ankle magnetic resonance imaging, and electromyodiagnostics. The treatments were physical therapy and medications. The treating provider's progress note described the injured worker complaints of severe left knee pain and decreased range of motion and pain that radiated down the left leg. The exam revealed tenderness of the left knee and decreased range of motion. The UR determination denied request on 12/15/2014 for Keflex 500mg #28 citing www.drugs.com.

### 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 #28:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Infectious Disease Chapter-Keflex; Hip Chapter-Prophylaxis

**Decision rationale:** The ODG guidelines indicate that the cephalorin Keflex is a first line antibiotic for the treatment of cellulitis. No evidence in the documentation is provided that the worker has cellulitis. The guidelines also note that treatment of a non infected wound is not recommended. Documentation does not contain evidence that the worker will have a wound. In the hip chapter antibiotic usage of one dose in proximity to the surgery is discussed, but not 28 doses. The requested treatment: Associated surgical service: Kweflex 500mg # 28 is not medically necessary or appropriate.