

Case Number:	CM15-0006384		
Date Assigned:	01/26/2015	Date of Injury:	02/18/2010
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female who reported injury on 02/18/2010. The mechanism of injury was the injured worker tripped and her knee popped. The injured worker underwent a left knee meniscectomy and debridement. The injured worker underwent postoperative physical therapy. The injured worker was noted to undergo an MRI and x-rays. The documentation of 12/13/2014 revealed a recommendation for an arthroscopy for a further debridement of a meniscal tear or scar tissue. The request for Keflex was made for postoperative use. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg #4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov

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 Chapter, Cephalexin

Decision rationale: The Official Disability Guidelines indicate that Keflex is recommended as a first line treatment for cellulitis and other conditions. The clinical documentation indicated the injured worker had been approved for surgical intervention. As such, the injured worker would be exposed to intraoperative bacteria. The request for Keflex would be appropriate and therefore would be supported. Given the above, the request for Keflex 500 mg #4 is medically necessary.