

Case Number:	CM15-0101945		
Date Assigned:	06/04/2015	Date of Injury:	10/08/2014
Decision Date:	07/09/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 57-year-old who has filed a claim for chronic hand, wrist, and finger pain reportedly associated with an industrial injury of October 8, 2014. In a Utilization Review report dated May 20, 2015, the claims administrator approved a request for postoperative usage of Vicodin while denying a request for postoperative usage of Keflex. The claims administrator referenced a May 6, 2015 progress note and associated RFA form of May 12, 2015 in its determination. The applicant's attorney subsequently appealed. On May 6, 2015, the attending provider noted that the applicant had ongoing complaints of right upper extremity paresthesias reportedly attributed to carpal tunnel syndrome. A positive Tinel sign was appreciated about the wrist. The attending provider suggested that the applicant pursue a right hand carpal tunnel release surgery. It was suggested (but not clearly stated), thus, that the request for Keflex represented a postoperative request for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op 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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hand, Wrist, and Forearm Disorders, pg 699 PERIOPERATIVE ANTIBIOTICS.

Decision rationale: No, the request for postoperative usage of Keflex following planned carpal tunnel release surgery was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of postoperative antibiotic usage following planned carpal tunnel release surgery. However, the Third Edition ACOEM Guidelines, Hand, Wrist, and Forearm Chapter notes on page 699 that the routine usage of antibiotics for all applicants undergoing carpal tunnel release surgeries is not recommended. While ACOEM does qualify its position by noting that pre-incisional antibiotics were recommended for applicants with risk factors, such as diabetes mellitus, undergoing planned carpal tunnel release surgery, here, however, there was no mention of the applicant's being diabetic or having any other risk factor for postoperative infection. ACOEM further notes that perioperative antibiotics are most commonly administered as pre-incisional antibiotics rather than as a lengthy course of postoperative antibiotics. Here, the request for 12 capsules of Keflex, thus, seemingly represented a lengthy postoperative antibiotic course as opposed to the pre-incisional antibiotics supported by ACOEM for applicants with risk factors undergoing a carpal tunnel release surgery, as was planned here. The request for 12 capsules of Keflex for postoperative use, thus, was at odds with multiple ACOEM principles and parameters. Therefore, the request was not medically necessary.