

Case Number:	CM15-0019341		
Date Assigned:	02/09/2015	Date of Injury:	05/09/2014
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/03/2015

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, Massachusetts
 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 injured worker is a 33 year old male who sustained an industrial injury on 05/09/14. He was moving a large box with a crane truck when a vehicle crossed his path and the crane stopped quickly. He underwent left shoulder reconstruction and debridement on 5/15/14. According to recent clinic note from 12/22/14 he continues to do physical therapy and now has more range of motion of the left arm. He reports pain in the AC joint area with any weight on his left arm. Diagnoses include left acromioclavicular separation and left scapula fracture. Treatments to date include medications, left shoulder surgery, and physical therapy. In a progress note dated 12/11/14 the treating physical reports the treatment plan is continued physical therapy, home exercises, and modified work duty. On 1/13/15 the provider requested to perform a left shoulder clavicle excision, post operative physical therapy and medications including keflex for post-operative empirical treatment for infection. On 01/21/15 Utilization Review non-certified Keflex, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative: Keflex (Cephalexin) 500mg (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Physician journal, Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Antimicrobial Prophylaxis in Adults" Mayo Clinic Proc. 2011 Jul; 86(7): 686 - 701. Mark J. Enzler, MD, Elie Berbari, MD, and Douglas R. Osmon, MD, MPH.

Decision rationale: Outpatient post operative prophylactic antibiotic treatment is not common practice. While empirical antibiotic treatment is appropriate in some orthopedic surgeries, such as total joint replacement or post-traumatic injuries, the current surgical recommendation of left shoulder clavicle excision is not commonly performed with oral Keflex empirical treatment and the cited clinical guideline does not recommend such an empirical intervention, consequently it is not clinically necessary at this time.