

<b>Case Number:</b>	CM15-0134981		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	02/26/2010
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 35-year-old female, who sustained an industrial injury on February 26, 2010. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having a lesion of the ulnar nerve and carpal tunnel syndrome. Diagnostic studies to date have included: x-rays and electrodiagnostic studies, but the dates and results of these studies were not included in the provided medical records. Surgeries to date have included: revision of ulnar nerve decompression left elbow with submuscular anterior transposition on June 12, 2015. Treatment to date has included work modifications, a brace, ice, a long arm splint, wound care, and medications including opioid analgesics, anti-epilepsy, opioid analgesic-non-steroidal anti-inflammatory, proton pump inhibitor, antidepressant, antianxiety, and stimulant. There were no noted previous injuries or dates of injury, and no noted comorbidities. On June 23, 2015, the injured worker is 11 days status post revision of ulnar nerve decompression. She complains of continued burning pain in the left proximal ulnar palm with limited flexion and decreased numbness in the left little and ring fingers. She has not noted any increased weakness. The physical exam revealed moderate ecchymosis and swelling along the medial aspect of the left elbow surgical site, which is consistent with a moderate sized hematoma. There was slight surgical site tenderness without drainage or infection. The sutures and Steri-Strips were discontinued. There was normal sensation of the left hand, except for marked diminished sensation of the little and ring fingers. There was mild clawing of the left little and ring fingers with marked ulnar intrinsic weakness of the left hand. The left forearm compartments were supple. There was mild limitation of full

composite flexion of the left little and ring fingers secondary to flexor digitorum profundus (FDP) weakness. Work status was noted to be per the primary treating physician. The treatment plan includes Keflex 500 mg one four times a day #28.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Keflex 500mg #28:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), infectious disease.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Clinical practice guideline for the patient safety at surgery settings <http://www.guideline.gov/content.aspx?id=39241>.

**Decision rationale:** Regarding the request for antibiotics peri-operative, MTUS and ODG do not address the issue. The National Guidelines Clearinghouse provided Guidelines which state narrow-spectrum and cheaper antibiotics must be the first choice for antibiotic prophylaxis in surgery. A single standard dose of antibiotic is sufficient for prophylaxis in most circumstances, except if, surgery lasts longer than four hours or if loss of blood exceeds 1500 cc. A further two doses of antibiotics may be needed in the case of lengthy operations (i.e., over four hours in length), or in the case of significant loss of blood (>1500 ml) during surgery. Within the documentation available for review, there is no indication that any of these conditions have been met, or that the requested antibiotic was provided at the time of surgery as recommended by guidelines. Additionally, guidelines do not support the seven-day course of antibiotics for prophylaxis, and there is no sign of active infection. As such, the currently requested keflex is not medically necessary.