MAXIMUS Federal Services

Case Number:	CM15-0160711		
Date Assigned:	08/27/2015	Date of Injury:	12/09/1997
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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

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 (IW) is a 47-year-old female who sustained an industrial injury on 12/09/1997. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having: Plantar fasciitis bilateral feet. Painful gait. Sprain-strain of bilateral feet. Treatment to date has included ongoing management with a podiatrist. Currently, the injured worker complains of pain in the right foot with ambulation and weight bearing. On examination preoperatively, there is pain to palpation of the medial and central bands of the plantar fascia. The Achilles and patellar reflexes are 2+ out of 4 bilaterally. There is no clonus. The gait is normal and sensation is intact. Vital signs are within normal limits, the nails of all digits are normal, and there are no overt lacerations or ulcerations. The treatment plan of care includes a scheduled plantar fascia release of the left foot on 03/27/2015. A request for authorization was submitted for Retrospective: Cephalexin 500mg, #40 for post- operative plantar fasciitis (DOS: 03/25/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cephalexin 500mg, #40 for post-operative plantar fasciitis (DOS: 03/25/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antibiotic Prophylaxis to Prevent Surgical Site Infections - University of Missouri- Kansas City School of Medicine, Kansas City, Missouri Am Fam Physician. 2011 Mar 1; 83 (5): 585-590; Adherence to surgical care improvement project measures and the association with postoperative infections - JAMA. 2010; 303 (24): 2479-2485.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases chapter, under Cephalexin (Keflex®).

Decision rationale: The patient presents with right foot pain. The request is for retrospective: Cephalexin, 500 mg #40 for post-operative plantar fasciitis (dos 03/25/2015). Patient is status post right plantar fascial release, 03/27/15. Physical examination to the right foot on 06/30/15 revealed a well-healed incision; the patient had pain in the scar tissue. Patient had pain with ambulation and weight bearing. Per 06/02/15 progress report, patient's diagnosis includes status post plantar fascia release of the right foot, and plantar fasciitis of the left foot. Patient is temporarily totally disabled for 6 weeks, per 04/15/15 progress report. ODG guidelines, Infectious Diseases chapter, under Cephalexin (Keflex) states: "Recommended as first-line treatment for cellulitis and other conditions. See Skin & soft tissue infections: cellulitis. For outpatients with non-purulent cellulitis, empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive S. aureus, cephalexin 500 mg QID is recommended, as well for penicillin allergic that can tolerate cephalosporins." According to www.guidelines.gov, the National Guideline Clearinghouse, "Antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. Strength of evidence against prophylaxis = C. If the potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation." The treater has not specifically discussed this request; no RFA was provided either. Patient is status post right plantar fascial release, 03/27/15. ODG guidelines recommend Cephalexin for cellulitis or wound infection. However, the treating physician has not documents that the patient had cellulitis or wound infection as a result of the surgery. Furthermore, the National Guideline Clearinghouse does not recommend its use for clean, orthopedic procedures without instrumentation or implantation of foreign materials. Therefore, the request is not medically necessary.