

Case Number:	CM15-0166933		
Date Assigned:	09/04/2015	Date of Injury:	03/12/2015
Decision Date:	10/06/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 3-12-2015. Diagnoses include left knee patella fracture displaced, left knee sprain and strain and status post left knee surgery. Treatment to date has included surgical intervention of the left knee (7-06-2015) as well as conservative treatment including diagnostics, immobilization and medications. Per the Primary Treating Physician's Progress Report dated 7-02-2015, the injured worker reported continuous left knee pain associated with swelling. She rates her pain level as 10 out of 10. Physical examination revealed tenderness to palpation and muscle spasm of the anterior knee. There was a head incision and a visual gap in extensor mechanism, of the knee. Flexion was 40 degrees and extension was 30 degrees. The plan of care included diagnostics and pending surgical intervention. She had a fall last week and went to Emergency Department (ED), there was a 3cm wound over the left knee in the area of planned incision so surgery will be postponed. There are no signs of infection at this time. An infection panel was ordered and Keflex was dispensed. Authorization was requested for Keflex 500mg #28.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500 mg, 28 count: Overturned

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

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, Keflex.

Decision rationale: CA MTUS is silent on the use of Keflex. ODG section on infectious disease indicates that Keflex is indicated for treatment of skin infections or abscesses or for prophylaxis of infections under certain circumstance. In this case, there was an open contaminated wound over an area of planned surgery. Keflex was prescribed because of high risk of secondary infection, which would have complicated necessary surgery, which was postponed until the wound was healed. Keflex was medically necessary and appropriate.