

Case Number:	CM15-0189288		
Date Assigned:	10/01/2015	Date of Injury:	02/11/2014
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/25/2015

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: Massachusetts

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 36-year-old female, who sustained an industrial injury on 2-11-2014. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder impingement syndrome. On 7-28-2015, the injured worker reported pain in her left shoulder. The Primary Treating Physician's report dated 7-28-2015, noted the physical examination of the left shoulder showed positive impingement sign and abduction sign with tenderness over the AC joint and the distal neurovascular examination normal. A 7-21-2015 MRI of the left shoulder was noted to show supraspinatus tendinitis with partial thickness tearing and acromioclavicular arthrosis. Prior treatments have included corticosteroid injection to the left shoulder, physical therapy, and medications including Zoloft, Zolpidem, Baclofen, and Fioricet. The Physician noted that due to her persistent symptoms, having failed to improve with "conservative management including medication, physical therapy, activity modification and corticosteroid injection, I have recommended proceeding with left shoulder arthroscopic subacromial decompression with distal clavicle resection". The injured worker's work status was noted to be temporary partially disabled. The Primary Treating Physician's request for authorization was noted to have requested post op Norco 10/325mg 1 tab 1-6 hours as needed #40 and post op Keflex 500mg 1 tab twice a day #8. The Utilization Review (UR) dated 9-10-2015 certified the request for post op Norco 10/325mg 1 tab 1-6 hours as needed #40 and non-certified the request for post op Keflex 500mg 1 tab twice a day #8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op Keflex 500mg 1 tab twice a day #8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. *Am J Health Syst Pharm.* 2013 Feb 1; 70 (3): 195-283. (2) Keflex prescribing information.

Decision rationale: The claimant sustained a work injury in February 2014 and is being treated for injuries sustained while working as a housekeeper with a left shoulder strain occurring while pushing a bed. Her surgical history includes gastric bypass, cholecystectomy, herniorrhaphy, Caesarean section, appendectomy, and tonsillectomy. When seen, she had been out of work for nearly a year. Physical examination findings included decreased left shoulder range of motion with positive impingement testing. There was good strength. There was acromioclavicular joint tenderness. MRI results were reviewed and had shown a partial thickness supraspinatus tear. There was acromioclavicular joint degeneration. An arthroscopic subacromial decompression is being requested with post-operative medications including Norco and Keflex. Keflex (cephalexin monohydrate) is a semisynthetic cephalosporin antibiotic for oral administration. It is indicated in the treatment of the infections when caused by susceptible strains of microorganisms. Appropriate culture and susceptibility tests should be initiated prior to and during therapy. In this case, it is being prescribed as prophylaxis prior to surgery. There is no identified current infection or underlying medical condition that would establish the medical necessity of this medication. The claimant has an extensive past surgical history without reported complications. The request is not medically necessary.