

Case Number:	CM15-0194562		
Date Assigned:	10/08/2015	Date of Injury:	10/02/2012
Decision Date:	11/16/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old male who sustained an industrial injury on 10-2-2012. A review of the medical records indicates that the injured worker is undergoing treatment for progression of left ankle osteochondral defect of the talus with enlargement and deepening. According to the special reports dated 8-11-2015 and 8-27-2015, the complained of increasing ankle pain and throbbing. Per the treating physician (8-11-2015), the injured worker was retired. The physical exam (8-27-2015) revealed 1+ effusion to the ankle. There was tenderness to palpation deep in the ankle with throbbing achiness. Treatment has included ankle support, physical therapy, injections, acupuncture and medications. The physician noted (8-27-2015) that recent magnetic resonance imaging (MRI) showed a significant enlargement. The treatment plan was for arthroscopic surgery. The request for authorization was dated 8-28-2015. The original Utilization Review (UR) (9-24-2015) modified a request for a post-operative cold therapy unit for the left ankle to a 7 day rental. Utilization Review denied requests for Keflex and Bactroban ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Bactroban Ointment 2% 22g: 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 Intranasal Mupirocin to prevent postoperative Staphylococcus aureus infections in the New England Journal of Medicine 2002.

Decision rationale: CA MTUS/ACOEM/ODG is silent on the issue of Bactroban (Mupirocin) preoperatively. Thus alternate evidence was used for determination. Perl et al wrote an article entitled Intranasal Mupirocin to prevent postoperative Staphylococcus aureus infections in the New England Journal of Medicine 2002. In this level 1 study of 4,030 patients there was no change in postoperative wound infections with preoperative intranasal use of Mupirocin as compared to placebo (2.3% vs. 2.4%). There was a decrease in postoperative wound infections only in patients who were Staphylococcus aureus carriers. The clinical notes from 8/11/15 and 8/27/15 do not document that this patient has nares that have been colonized with Staphylococcus aureus and thus the request is not medically necessary.

Associated Surgical Service: Keflex 500mg, #8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2015 Infectious Diseases; Cephalixin (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections, Am Fam Physician. 2002 Jul 1; 66 (1): 119-24.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of Keflex and alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections", Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is therefore not medically necessary and appropriate.

Post-Operative Cold Therapy Unit for the Left Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); 2015: Ankle and Foot (Acute and Chronic), Continuous-Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG, Ankle section, continuous flow cryotherapy is not recommended. Therefore, the request is not medically necessary.