

Case Number:	CM15-0204645		
Date Assigned:	11/19/2015	Date of Injury:	05/06/2015
Decision Date:	12/30/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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: Illinois, California, Texas
 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 injured worker is a 28-year-old male who sustained an industrial injury on 5/6/15. Injury occurred when he was climbing a ladder, slipped and fell from a height of about 10 feet to the floor in a standing position. The 7/15/15 right knee MRI impression documented a tear of the anterior horn of the lateral meniscus. There was a small area of non-displaced fracture of the lateral tibial plateau, measuring 7 mm in diameter. There was a mild patellar contusion and patellar tendinosis. The 9/9/15 treating physician report indicated that the injured worker was quite symptomatic and unable to work. He was awaiting approval for a right knee arthroscopy. Right knee exam documented patellofemoral pain and joint line tenderness. Range of motion was 10-105 degrees and McMurray's was positive. There were no findings of instability or definite effusion. The diagnosis included right knee lateral meniscus tear, nondisplaced tibial plateau fracture, and patellar tendonitis. The injured worker was given a prescription of Motrin. Surgery was recommended. He was temporarily totally disabled. Authorization was requested for right knee arthroscopy with meniscectomy, and associated surgical requests including Keflex 500 mg. The 10/6/15 utilization review certified the request for right knee arthroscopy with meniscectomy. The request for Keflex 500 mg was non-certified as guidelines recommend perioperative prophylactic antibiotics to be delivered intravenously and not orally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg: 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 [REDACTED]

[REDACTED] Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70 (3):195-283.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations for prophylactic antibiotics. The National Guideline Clearinghouse was searched. Clinical practice guidelines state that 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. When procedures include implantation of foreign materials, guidelines generally recommend a single dose of Cefazolin with a duration of antimicrobial prophylaxis of less than or equal to 24 hours. Guideline criteria have not been met. This injured worker is scheduled for a right knee arthroscopy with partial meniscectomy. Guidelines generally do not support antibiotic prophylaxis for knee arthroscopic procedures. Additionally, guidelines suggest a single dose of Cefazolin intravenously is generally recommended within 24 hours of surgery. The use of oral antibiotics is not generally supported. Additionally, this request for Keflex 500 mg does not indicate the quantity prescribed to allow determination of medical necessity. Therefore, this request is not medically necessary.