

<b>Case Number:</b>	CM15-0026926		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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  
 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 47-year-old male, who sustained an industrial injury on 12/16/2013, resulting in left shoulder pain. The diagnoses have included pain in joint, shoulder region. Treatment to date has included conservative measures. Magnetic resonance imaging of the left shoulder, (8/13/2014), showed minimal tendinosis of the supraspinatus tendon, but no rotator cuff tear, type II acromion without significant narrowing of the coracoacromial arch, and mild amount of fluid in the subacromial/subdeltoid bursa. Electromyogram and nerve conduction studies of the left upper extremity, (08/28/2014), showed prolonged left median nerve sensory distal latency, consistent with carpal tunnel syndrome. Currently, the injured worker complains of left shoulder pain. Physical exam of the left shoulder noted positive arc sign and impingement test in Neer's, Hawkin's, and Apley's cross arm. Weakness of the rotator cuff musculature was noted. Tenderness in the shoulder was noted. Recommendation was for surgical intervention (subacromial decompression, extensive debridement, resection of the distal clavicle, and excision of the coracoacromial ligament of the left shoulder), non-certified by Utilization Review on 1/29/2015. On 1/30/2015, Utilization Review non-certified a request for Keflex (post-operative, #28), noting the lack of compliance with ACOEM Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keflex (Cephalexin), post-operative #28: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious diseases, Cephalexin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date physician guidelines.

**Decision rationale:** The California MTUS, ACOEM and ODG do not specifically address the requested medication. Per the physician desk reference, the requested medication is a cephalosporin antibiotic. Per the up-to date guidelines, it is commonly prescribed for skin infection prevention post surgery. However since the surgery was denied through utilization review, the medication would not be medically necessary.