MAXIMUS Federal Services

| Case Number: | CM15-0220700 | | |
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| Date Assigned: | 11/13/2015 | Date of Injury: | 10/01/2012 |
| Decision Date: | 12/24/2015 | UR Denial Date: | 10/14/2015 |
| Priority: | Standard | Application Received: | 11/09/2015 |

## 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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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:

The injured worker is a 63 year old male, who sustained an industrial injury on 10-01-2012. The injured worker was being treated for bilateral thumb carpometacarpal osteoarthritis, bilateral middle trigger fingers, and status post right carpometacarpal joint arthroplasty and right ring finger A1 pulley release. Treatment to date has included diagnostics, surgical intervention, and medications. On 10-06-2015, the injured worker complains of sharp stabbing pains in the area of the dorsal radial aspect of the hand and stiffness over the index, long, ring and small fingers. He was 32 days status post right carpometacarpal joint arthroplasty and right ring finger A1 pulley release. Exam noted "wound is healing nicely" with no evidence of hypertrophic scarring or pigmentation changes. He was able to touch the tip of the index, long, ring and small finger with encouragement to the palmar crease. X-rays of the right wrist showed evidence of one K wire with slight radial migration. The treatment plan included removal of 1 temporary fixation pin for the first metacarpal, post-operative therapy to improve range of motion, Cipro to prevent infection post-operatively, and Norco for pain control. His current work status was not noted. On 10-14-2015 Utilization Review non-certified a request for 6 tablets of Cipro 500mg and modified a request to 8 post-operative therapy sessions (original request was 10 therapy sessions). Certification for 1 right wrist first metacarpal removal of K wire (with other associated requested services) was noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cipro 500mg #6:** 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), Treatment Index, 13th Edition (web), 2015, Infectious Diseases, Ciprofloxacin (Cipro).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Prospective Trial on the Use of Antibiotics in Hand Surgery Aydin, Nihal; Uraloglu, Muhammed; Burhanoglu, Asu Deniz Yilmaz; Sensöz, Ömer Plastic & Reconstructive Surgery. 126 (5): 1617-1623, November 2010.

**Decision rationale:** The patient is a 63 year old male who had undergone right CMC arthroplasty and right ring finger A1 pulley release. He was certified for K-wire removal due to its migration and that it is not permanent hardware. A request was made for Cipro 500 mg #6 to prevent post-operative infection. However, there is no evidence that post-operative antibiotics is medically necessary. If there are any findings of postoperative infection, then this could be reconsidered. From the above reference, this study does not support the notion that the use of perioperative antibiotics over placebo in the types of wounds considered provides additional benefit, provided that the wound was managed appropriately with thorough surgical irrigation and debridement. We suggest that antibiotics should not be used routinely in hand surgery interventions and should be reserved for high-risk patients (e.g., those who are immunosuppressed) or for a specific infection identified by culture. We assume that when the matter of "antibiotic use in hand surgery" is assessed from this perspective, the incidence of resistant-organism adverse events will decrease, and the cost and length of hospital stays will lessen as well. As there was insufficient evidence that the patient is immunocompromised or other significant condition that would require antibiotics, the use of postoperative antibiotics should not be considered medically necessary. In addition, this appears to be a routine case that would be expected to be a clean case. There was no evidence of current infection as well. Therefore, the requested treatment is not medically necessary.

**10 Post-Operative Physical Therapy Sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** The patient is a 63 year old male who had undergone right CMC arthroplasty and right ring finger A1 pulley release on 9/4/15. He was certified for K-wire removal due to its migration and that it is not permanent hardware. As the patient had undergone CMC arthroplasty and that he has been immobilized, the relevant guidelines would be the following and based on the original surgery which was approximately 4 weeks prior to the request: Arthropathy, unspecified (ICD9 716.9): Post-surgical treatment, arthroplasty/fusion,

wrist/finger: 24 visits over 8 weeks. Post-surgical physical medicine treatment period: 4 months. An initial course of therapy is considered one half the total number of visits allowed, which would be 12 visits. Based on this, 10 postsurgical visits should be considered medically necessary. The above guidelines are more relevant to the surgical procedure that were performed initially (arthroplasty) then that chosen by the UR (metacarpal fracture). The patient is still within the treatment period of the initial surgery and does not appear to have had any formal postoperative physical therapy to date.