

Case Number:	CM15-0056055		
Date Assigned:	04/01/2015	Date of Injury:	02/13/2014
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/24/2015

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: Arizona, California
 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 48-year-old female, who sustained an industrial injury on 02/13/2014. She has reported injury to the left shoulder and the left knee. The diagnoses have included left shoulder partial-thickness rotator cuff tear; left shoulder impingement syndrome; and left knee facet osteoarthopathy. Treatment to date has included medications, bracing, TENS (transcutaneous electrical nerve stimulation) unit, and physical therapy. A progress note from the treating physician, dated 12/29/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of worsening left shoulder pain, rated at 9/10 on the visual analog scale; left knee pain, rated 7/10 on the visual analog scale. Objective findings included left shoulder tenderness; left knee medial and lateral joint line tenderness; and crepitation with range of motion. The treatment plan has included surgical intervention, a left shoulder arthroscopic subacromial decompression and debridement rotator cuff tear, and the request for post-operative Keflex 552 mg #28.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Keflex 552mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Infectious Diseases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and infection chapter- pg 15, Antibiotic Prophylaxis to Prevent Surgical Site Infections, ALAN R. SALKIND, MD, and KAVITHA C. RAO, MD, University of Missouri Kansas City School of Medicine, Kansas City, Missouri, Am Fam Physician. 2011 Mar 1; 83(5):585-590.

Decision rationale: According to the guidelines, Keflex is indicated for skin and soft-tissue infections and cellulites with gram-positive organisms. Current guidelines recommend that prophylactic antibiotics end within 24 hours of surgery completion. There is no documented benefit of antibiotics after wound closure in the reduction of surgical site infections.^{19, 20, and 34.} However, guidelines from the Society of Thoracic Surgeons recommend that antibiotic prophylaxis be continued for 48 hours after the completion of cardiothoracic surgery due to the effects of cardiopulmonary bypass on immune function and antibiotic pharmacokinetics.^{35, 36.} There is no evidence to support using prophylactic antibiotics for longer than 48 hours. In this case, there was no indication of persistent infection that required a month of post-operative antibiotics for shoulder debridement. There is no indication of risk of persistent open infected wound. The request for 28 days of Keflex is not medically necessary.