

Case Number:	CM14-0123658		
Date Assigned:	08/08/2014	Date of Injury:	11/07/2012
Decision Date:	10/14/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

40 year old male claimant with an industrial injury dated 11/07/12. Exam note 06/11/14 state that the MRI identify a tear of the central portion of the left triangular fibrocartilage complex. MRI states there is a tear of the foveal insertion of the triangular fibrocartilage. The patient returns on 06/11/14 with left wrist pain. He states that he is unable to carry out daily activities due to his left wrist pain; he is unable to grasp and manipulate objects. The patient reports the pain as a sharp, piercing pain with an attempted force. He describes it as a 8/10 and that the pain is constant. Physical exam demonstrates that the patient has a normal flexion and extension of the right and lacked 1.5cm on the left. Radial deviation is 10/25 and ulnar deviation is a 5/30. The patient had a negative scaphoid shift test, and a positive lunotriquetral shuck test. The patient was diagnosed with left ulnar impaction syndrome with ulnar positive variance, tear left triangular fibrocartilage complex, tear proximal membranous aspect of the lunotriquetral articulation, and a tear of the the fovea of the ulna.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Medication: Keflex 500 mg. #20 Refill 1: 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 Other Medical Treatment Guideline or Medical Evidence: 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. An 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.