

Case Number:	CM14-0141115		
Date Assigned:	09/10/2014	Date of Injury:	05/10/2013
Decision Date:	10/30/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of May 10, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier wrist fusion surgery; subsequent carpal tunnel release surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 22, 2014, the claims administrator denied a request for postoperative usage of Cipro. The claims administrator's report was extremely sparse and seemingly predicated on a lack of documented penicillin allergy. The claims administrator did approve a variety of other request, including the carpal tunnel release surgery itself, Keflex, Phenergan, Colace, and Vicodin. The applicant's attorney subsequently appealed. On June 24, 2014, authorization was sought for a carpal tunnel release surgery. Tramadol, Naproxen, Prilosec, and Menthoderm were endorsed. The applicant was kept off of work, on total temporary disability. In a Request for Authorization (RFA) form dated August 14, 2014, authorization was sought for both right and left carpal tunnel release surgeries. Postoperative Keflex, Cipro, Phenergan, Colace, and Vicodin were also sought. In a progress note dated October 2, 2013, the applicant denied any history of diabetes, hypertension, hypothyroidism, or any other systemic disease process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Ciprofloxacin 500mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hand, Wrist, and Forearm Chapter, Carpal Tunnel Syndrome section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, Hand, Wrist, and Forearm Chapter, the routine usage of postoperative/perioperative antibiotics is "not recommended" for all applicants undergoing carpal tunnel release surgery. While ACOEM does qualify its position by noting that applicants with risk factors such as diabetes mellitus and/or heightened susceptibility to infections should receive preincisional antibiotics prior to carpal tunnel release surgery, in this case, however, there was no documented history of diabetes, HIV, or other condition which would predispose the applicant toward development of a perioperative/ postoperative infection. In fact, the applicant was specifically described on October 2, 2013 as denying any history of diabetes, hypertension, or other systemic disease process. Therefore, the request is not medically necessary.