

Case Number:	CM14-0171354		
Date Assigned:	10/23/2014	Date of Injury:	05/20/2004
Decision Date:	11/25/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuro Muscular Medicine and is licensed to practice in New Jersey. 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 injured worker is a 60-year-old female who reported an injury on 05/20/2004. The mechanism of injury was not provided. The injured worker's diagnoses include status post total knee replacement of the left knee, medial compartment osteoarthritis, and meniscal tear with history of patellar dislocation/subluxation of the right knee. The injured worker's past treatments included medications and surgery. On the clinical note dated 05/05/2014, the injured worker complained of knee medial joint line pain with intermittent subluxation of the patella, as well as pain in her left knee. The injured worker had decreased range of motion to the knees with 120 degrees flexion on the right and 110 degrees on the left. The right knee had medial joint line pain and patellar apprehension with lateral subluxation of the patella, positive McMurray's along the medial joint line, and 2+ patellofemoral crepitus. On the clinical note dated 04/09/2014, the injured worker's medications included Celebrex and Ultracet (frequency and dosage not provided). The request was for Keflex 500 mg #12. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Keflex

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), infectious diseases, cephalexin

Decision rationale: The request for Keflex 500 mg #12 is not medically necessary. The patient is diagnosed with total left knee replacement and chronic degenerative changes of the right knee. The Official Disability Guidelines recommend Keflex as first line treatment for cellulitis and other conditions. For outpatients with nonpurulent cellulitis, empirical treatment for infection due to beta hemolytic streptococci and methicillin sensitive *S. aureus*, cephalexin 500 mg 4 times a day is recommended, as well for penicillin allergic that can tolerate cephalosporins. There is a lack of documentation indicating the injured worker to have cellulitis. There is a lack of documentation indicating the patient to have an infection. Additionally, the requesting physician did not indicate the rationale for the medication. The request does not indicate the frequency of the medication. As such, the request for Keflex 500 mg #12 is not medically necessary.