

Case Number:	CM15-0011679		
Date Assigned:	01/29/2015	Date of Injury:	09/10/2013
Decision Date:	03/18/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/20/2015

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: New Jersey, New York
 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 50 year old male, who sustained an industrial injury on 9/10/13. The injured worker has complaints of pain to the backside of the left wrist; unable to twist left wrist and forearm; limited strength left upper extremity and dropping of objects with the left hand. The diagnoses have included status post hand/wrist/forearm blunt trauma crush injury; left distal radius complex fracture; left wrist complex fracture: multiple; left ulnar neuropathy; left median neuropathy and left 5 finger flexion contracture with intrinsic tightness development. According to the utilization review performed on 1/6/15, the requested Cephalexin (Keflex) 500mg 1 tablet by mouth q6h times 7 days #30 has been non-certified. CA MTUS ACOEM, OMPG, second edition (2004) does not address rate of infection after carpal tunnel release surgery and effect of antibiotic prophylaxis. The utilization review noted that the requested surgery was supported as medically necessary and as such there would not be a medical necessity for the requested postoperative antibiotic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cephalexin (Keflex) 500mg 1 tablet po q6h times 7 days #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Hand Surg 2010; 35A: 189196. 2010
Published by Elsevier Inc. on behalf of the American Society for Surgery of the Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation www.uptodate.com Antimicrobial prophylaxis for prevention of surgical site infection in adults

Decision rationale: The request is considered not medically necessary. MTUS and ODG did not address the use of antibiotics in this type of surgery. Uptodate was used. According to uptodate.com, the use of antibiotic prophylaxis is not necessary in clean orthopedic procedures like arthroscopy and those that do not require the implantation of foreign material. A carpal tunnel release is low risk and does not require the foreign implants. Therefore, the request is considered not medically necessary.