

Case Number:	CM15-0013181		
Date Assigned:	01/30/2015	Date of Injury:	04/17/2014
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old male, who sustained an industrial injury on April 17, 2014. He has reported left knee pain. The diagnoses have included internal derangement of the left knee and partial tear of the left anterior cruciate ligament. Treatment to date has included medications, physical therapy, injections and imaging studies. A progress note dated December 19, 2014 indicates a chief complaint of continued left knee pain despite treatment. Physical examination showed tenderness of the left knee, full range of motion, and an antalgic gait. The treating physician is requesting a prescription for Keflex. The rationale for the medication was not documented. On January 16, 2015 Utilization Review denied the request for the prescription for Keflex citing non-MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex (Cephalexin) 500mg capsules #28: 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 The article in Arthroscopy. 2007 Jan;23(1):4-6, titled

"Antibiotic prophylaxis for arthroscopy of the knee: is it necessary" by Bert JM1, Giannini D, Nace L

Decision rationale: The 1/16/2015 Utilization Review letter states the Keflex 500mg #28 requested on the 12/19/14 medical report for post-operative use was not necessary, but did not provide a rationale. The 12/19/14 report provided for this review did not discuss the need for Keflex. The exam shows 1+ Lachmans; joint line tenderness; and McMurrays. There is no mention of prior infection. The orthopedist states the patient has a partial ACL tear and likely meniscal tear and that the options are to live with it or proceed with left knee arthroscopic evaluation. The 6/23/14 orthopedic report states the patient is a 34 year-old, 6'3, 220 lbs, male who was working in the food service at Costco and had a pop in his knee when pushing a bread cart. There was no dramatic swelling and MRI did not show osteochondral defects or tears. The orthopedist felt the knee pain was out of proportion to what would be expected from the above injury, and could not rule out CRPS or narcotic seeking behavior. MTUS/ACOEM guidelines, MTUS Chronic Pain guidelines, and ODG guidelines did not discuss use of Keflex or antibiotics on a prophylactic basis following knee arthroscopy. Other guidelines were used. The article in Arthroscopy. 2007 Jan;23(1):4-6, titled "Antibiotic prophylaxis for arthroscopy of the knee: is it necessary" by Bert JM1, Giannini D, Nace L, showed: A retrospective review of 3,231 arthroscopic knee surgeries was performed at a physician-owned in-office ambulatory surgery center over a 3-year period, of which 2,780 were arthroscopic meniscectomies. The cases were evaluated with respect to the incidence of deep infection as evidenced by a positive joint aspirate. Approximately 30% of the patients had prophylactic intravenous antibiotics within 1 hour before the arthroscopic procedure. The results were: The infection rate was 0.15% in those patients who received antibiotics and 0.16% in those who did not receive antibiotics (P = .59). The article concluded that "The results of this study confirm that there is no value in administering antibiotics before routine arthroscopic meniscectomy to prevent joint sepsis." The routine use of Keflex for knee arthroscopy does not appear necessary to prevent joint sepsis. The request for Keflex (cephalexin) 500mg capsules, #28, IS NOT medically necessary.