

Case Number:	CM15-0126384		
Date Assigned:	07/10/2015	Date of Injury:	05/12/2012
Decision Date:	08/11/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/30/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

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

This injured worker is a 53 year old female, who reported an industrial injury on 5/12/2012. Her diagnoses, and or impression, were noted to include: left knee meniscal disruption; status-post left knee arthroscopy; and right basal joint arthropathy. X-rays were said to be taken on 5/12/2015; no current imaging studies were noted. Her treatments were noted to include physical therapy; splinting; injection therapy; activity modifications; medication management; and modified work duties. It was noted that the surgery was ineligible. The progress notes of 3/17/2015 reported intermittent pain with occasional tingling/numbness at the base of the right thumb that increased with gripping and activities, a decreased grip strength and difficulty making a fully closed fist with the right hand; and constant aching, with intermittent pain, upon weight bearing and prolonged walking in the left knee, creating numbness/tingling through the left knee to the left foot, and increased with activity. Objective findings were noted to include mild swelling of the right basal joint; a mildly antalgic gait; tenderness and crepitus in the basal joint on the right side; residual tenderness in the medial joint line of the left knee; positive axial grind test on the right; and decreased grip strength on the right. The physician's requests for treatments were noted to include post-operative Zofran and Keflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Zofran 8mg #10: Overturned

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 Official Disability Guidelines (ODG) Pain (Chronic), Ondansetron (Zofran).

Decision rationale: There is documentation that the patient is suffering nausea or vomiting due to any of the approved indications for ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. The clinical information submitted for review meets the evidence-based guidelines for the requested service. I am reversing the previous utilization review decision. Post-op Zofran 8mg #10 is medically necessary.

Keflex 500mg #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antibiotic prophylaxis against postoperative wound infections. Cleve Clin J Med. 2006 Mar; 73 Suppl 1:S42-5. Gordon SM.

Decision rationale: Keflex was prescribed as prophylactic antibiotics. The MTUS and the Official Disability Guidelines are silent on the issue of prophylactic antibiotics. Alternative guidelines were referenced. According to the [REDACTED], adopted by the [REDACTED] regarding prophylactic antibiotics, they should be given as close to the time of incision as possible to ensure that tissue antimicrobial levels are adequate and maintained for the duration of the procedure. The choice of antibiotic should be based on the organisms most likely to be encountered, usually staphylococcal skin flora. Prophylactic antibiotics should not continue to be administered more than 48 hours postoperatively. Keflex 500mg #20 is not medically necessary.