

Case Number:	CM15-0174142		
Date Assigned:	09/16/2015	Date of Injury:	05/15/2013
Decision Date:	10/23/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, 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:

The applicant is a represented 49-year-old who has filed a claim for chronic knee, shoulder, neck, and back pain reportedly associated with an industrial injury of May 15, 2013. In a Utilization Review report dated August 21, 2015, the claims administrator failed to approve a request for Keflex. The claims administrator referenced office visits of August 6, 2015 and August 16, 2015 in its determination. The claims administrator framed the request as a request for postoperative antibiotics following a knee arthroscopy procedure. The applicant's attorney subsequently appealed. On June 25, 2015, the treating provider reported the applicant was working, despite ongoing complaints of low back, knee, and shoulder pain. Aleve was endorsed. The applicant was asked to consider a functional restoration program. On August 6, 2015, the applicant reported ongoing complaints of left knee pain. The applicant was working, it was reported. The applicant was given a diagnosis of meniscal derangement of knee. Knee arthroscopy procedures were sought. On August 7, 2015, the attending provider seemingly sought authorization for postoperative usage of Keflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg #8: 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 (updated 06/08/15) - Online Version, Cephalexin (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 802, Recommendation: One-day Use of Systemic Antibiotics for Knee Surgery, One-day use of systemic antibiotics is moderately recommended for patients undergoing surgical knee procedures, Strength of Evidence - Moderately Recommended, Evidence (B) 2. ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hand, Wrist, and Forearm Disorders, pg. 699, perioperative Antibiotics perioperative antibiotics have been administered to patients undergoing carpal tunnel release, most commonly as pre-incisional antibiotics rather than post-operative antibiotic courses.

Decision rationale: No, the request for Keflex, a cephalosporin antibiotic, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Knee Chapter does recommend one-day usage of systemic antibiotics for applicants undergoing surgical knee procedures, here, however, the request for Keflex 500 mg #8 seemingly represented several days of antibiotic usage, i.e., usage in excess of the usage of the one-day of systemic antibiotic prophylaxis endorsed in the Third Edition ACOEM Guidelines following knee surgery, as was seemingly scheduled here. The Third Edition ACOEM Guidelines Hand, Wrist, and Forearm Chapter further notes that perioperative antibiotics are most commonly administered at pre-incisional antibiotics rather than postoperative antibiotic courses. Here, thus, the request for several days of postoperative usage of Keflex was, thus, seemingly at odds with both the Third Edition ACOEM Guidelines Knee Disorders Chapter and with the Third Edition ACOEM Guidelines Hand, Wrist, and Forearm Disorders Chapter. The attending provider failed to furnish a rationale for postoperative usage of Keflex in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request is not medically necessary.