

Case Number:	CM15-0022637		
Date Assigned:	02/12/2015	Date of Injury:	10/11/2013
Decision Date:	06/08/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/06/2015

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: Connecticut, California, Virginia
 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 injured worker is a 58-year-old male, who sustained an industrial injury on 10/11/2013. Diagnoses include bowstring deformity of the right long finger status post tenovagotomy (3/10/2014). Treatment to date has included diagnostics including magnetic resonance imaging (MRI), right middle trigger finger release (3/10/2014), medications, physical therapy, cortisone injection and acupuncture. Per the Primary Treating Physician's Progress Report dated 11/12/2014, the injured worker reported sharp, aching pain in the proximal interphalangeal joint and the metacarpal phalangeal joint of the right long finger, rated as 8/10 at rest and 10/10 with use. Physical examination revealed decreased range of motion and finger, bowing of the flexor tendons to the right long finger with an increase in bowstring deformity with resisted flexion of the finger. The plan of care included medications and authorization was requested for Keflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Infectious Diseases, Cephalixin (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 (Keflex).

Decision rationale: The CA MTUS does not discuss the use of postoperative antibiotics, and therefore the ODG provides the preferred mechanism for assessment of clinical necessity in this case. The ODG guidelines state that Keflex is appropriate for treatment of cellulitis and beta-hemolytic strep and methicillin sensitive staph, at a dosing of 500mg QID. In this case, the provided records show that the medication is requested post operatively, and there is no evidence of infection or concern for infection at this time that warrants the treatment. Without evidence of need due to infection or post-operative concern for infection, Keflex is not considered medically necessary at this time.