

<b>Case Number:</b>	CM15-0025580		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Emergency 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 40 year old female, who sustained an industrial injury on 05/05/2011. The initial complaints or symptoms included bilateral shoulder, neck and left abdominal pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, MRIs, conservative therapies, and injections. Per the exam dated 12/09/2014, the injured worker complained of right shoulder pain. The diagnoses include right shoulder impingement syndrome, partial tear of the right rotator cuff, calcified tendinitis involving the infraspinatus tendon of the right shoulder, down slopping acromion of the right shoulder, and right chronic subacromial/subdeltoid bursitis. The treatment plan consisted of right shoulder arthroscopic surgery (to include partial resection of the distal end of the right clavicle, partial anterolateral acromioplasty with resection of the coracoacromial ligament, extensive debridement of the subacromial bursa, possible lysis of adhesions rotator cuff right shoulder and intra-articular injection), medical clearance and work-up, durable medical equipment, medications (including post-op Keflex), post-op physical therapy, and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keflex CAP 500MG Post-OP; 1 4X/DAY FOR 5 DAYS; #20: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Infectious Disease Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Internet site [www.Rx.list.com](http://www.Rx.list.com), Keflex.

**Decision rationale:** The requested Keflex CAP 500MG Post-OP; 1 4X/DAY FOR 5 DAYS; #20, is not medically necessary. CA MTUS and ODG are silent. Internet site [www.Rx.list.com](http://www.Rx.list.com), Keflex, is a broad-spectrum antibiotic used to treat various infections. The treating physician has the treatment plan consisted of right shoulder arthroscopic surgery to include partial resection of the distal end of the right clavicle, partial anterolateral acromioplasty with resection of the coracoacromial ligament, extensive debridement of the subacromial bursa, possible lysis of adhesions rotator cuff right shoulder and intra-articular injection. Absent approval for a surgical procedure, the treating physician has not documented the medical necessity for antibiotic usage. The criteria noted above not having been met, Keflex CAP 500MG Post-OP; 1 4X/DAY FOR 5 DAYS; #20 is not medically necessary.