

Case Number:	CM15-0033444		
Date Assigned:	02/26/2015	Date of Injury:	05/16/2013
Decision Date:	04/13/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	02/23/2015

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 37 year old female, who sustained an industrial injury on 5/16/13. On 2/23/15, the injured worker submitted an application for IMR for review of Keflex 500mg #28. The treating provider has reported the injured worker complained of significant left knee pain over the lateral aspect of the knee with giving way of the left knee and swelling. In addition, the injured worker has pain over the lateral aspect of the left hip, low back and pain radiating into the left ankle. The diagnoses have included left greater trochanteric bursitis, patellofemoral arthrosis left knee. Treatment to date has included x-rays pelvis, left hip and left ankle (9/22/14); MRI left knee without contrast (9/4/13); cortisone injections left lateral trochanter (1/29/15). On 2/14/15 Utilization Review non-certified Keflex 500mg #28. The MTUS, ACOEM and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg #28: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.

Decision rationale: The 2/14/15 Utilization Review letter states the Keflex 500mg, #28 for post-operative prophylaxis was denied because the left knee surgery was denied. The 1/29/15 medical report requests authorization for left knee arthroscopy, but does not mention use of Keflex. The provided medical reports do not discuss any comorbid conditions or risk factors that would predispose the patient to postsurgical infection. MTUS, ACOEM, and ODG did not specifically discuss use of antibiotic prophylaxis for knee arthroscopy, so 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 study on antibiotic prophylaxis for arthroscopy of the knee found that there is no value in administering antibiotics before routine knee arthroscopy. Based on the available medical records, the request for Keflex 500mg, #28 IS NOT medically necessary.