

Case Number:	CM15-0061672		
Date Assigned:	04/07/2015	Date of Injury:	06/12/2014
Decision Date:	05/06/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 37-year-old male, who sustained an industrial injury on June 12, 2014. The injured worker was diagnosed as having left shoulder sprain. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI) physical therapy, and medication. A progress note dated February 26, 2015 provides the injured worker complains of left shoulder pain. Physical exam notes bilateral shoulder impingement. Left shoulder is tender with crepitus and catching with range of motion (ROM). The plan includes follow-up for surgery and continue therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500 mg, twelve count: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682733.html>.

Decision rationale: Pursuant to Medline plus, Keflex 500 mg #12 is not medically necessary. Keflex is a cephalosporin antibiotic used to treat certain infections caused by bacteria for infections that cause pneumonia, bone, ear, skin and urinary tract infections. For additional details, see the attached link. In this case, the injured worker's working diagnoses are left shoulder sprain; probable recurrent labral tear left shoulder; impingement left shoulder acromioclavicular. Objectively, there is no swelling, no deformity and no tenderness palpation over the shoulder. December 10, 2014 the injured worker had an MRI of the left shoulder that did not show a labral tear, impingement or rotator cuff tear. The treatment plan indicates modified duty. There is no clinical indication for clinical rationale for Keflex documented in the medical record. There was no indication the medication was taken preoperatively, intraoperative or postoperatively. There was no infection documented in the medical record. Additionally, the anticipated surgery for the left shoulder was deemed not medically necessary and, as a result, the Keflex is not medically necessary. There is no clinical indication or rationale documented in the medical record for Keflex. Consequently, absent clinical documentation with indication and clinical rationale for its use, Keflex 500 mg #12 is not medically necessary.