

Case Number:	CM15-0064614		
Date Assigned:	04/10/2015	Date of Injury:	02/14/2013
Decision Date:	05/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/06/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

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 23-year-old female with an industrial injury dated February 14, 2013. The injured worker diagnoses include bilateral carpal tunnel syndrome and bilateral knee pain. She has been treated with diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 01/12/2015, the injured worker reported bilateral wrist pain, low back pain and bilateral knee pain. Objective findings revealed positive Tinel's/Phalen's in bilateral wrist and hands, diminished sensation of median nerve distribution, and spasm of the forearm musculature decrease. The treating physician prescribed services for post-operative physical therapy and Keflex 552 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 552 mg, 28 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harness NG, Inacio MC, Pfeil FF, Paxton LW. Rate of

infection after carpal tunnel release surgery and effect of antibiotic prophylaxis. J Hand Surg Am. 2010; 35: 189-196.

Decision rationale: The patient is a 23-year-old female who was certified for carpal tunnel release surgery. A request was made for Keflex 552 mg, 28 count. Although the scheduling of the medication was not listed, based on the medication and the number prescribed, this is generally used in the perioperative or postoperative setting. The count is consistent with a weeks worth of supply. As there was no evidence of current infection, no other justification for perioperative antibiotics and that a carpal tunnel release is a clean procedure, postoperative antibiotics would not be medically necessary. This is consistent with the findings from the reference as well, as this study examined the rate of surgical-site infections in 3003 patients who underwent carpal tunnel release with and without antibiotics revealed that the routine use of antibiotic prophylaxis is not medically necessary.

Post-operative physical therapy, three times weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The patient was certified for carpal tunnel release and thus, postoperative physical therapy should be considered medically necessary based on the following guidelines: Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Postsurgical treatment (open): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Therefore, 12 postoperative therapy visits would exceed the guidelines and should not be considered medically necessary.