

Case Number:	CM15-0070715		
Date Assigned:	04/20/2015	Date of Injury:	10/23/1999
Decision Date:	05/21/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/14/2015

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: Florida
 Certification(s)/Specialty: Family Practice

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 66 year old female who sustained an industrial injury on 10/23/99. The diagnoses have included left knee inferior lateral patellar facet osteochondral defect, left knee internal derangement and meniscus tear, and impingement syndrome of right shoulder. Treatment to date has included medications, diagnostics, and physical therapy .The diagnostic testing that was performed included left knee Magnetic Resonance Imaging (MRI). Currently, as per the physician progress note dated 3/16/15, the injured worker complains of knee pain that is brought on by activity which is unchanged since the last visit with sharp and dull pain noted. Physical exam of the left knee revealed tenderness, positive McMurray exam, patellar ballottement with effusion, patellofemoral tenderness of the facet with right side tenderness. The physician noted that she has persistent locking in the left knee and has had considerable left knee rehabilitation. It was noted that she was a candidate for left knee arthroscopy and any issues with loose body or meniscus that would lead to giving way or mechanical issues. The current medications were not noted and the previous therapy sessions for the left knee were not noted. The physician requested treatment included Keflex 500 mg twelve count.

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 Journal of American Academy of Orthopaedic Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2008 by the American Academy of Orthopaedic Surgeons Prophylactic Antibiotics in Orthopaedic Surgery Laura Prokuski, MD.

Decision rationale: This determination is for whether or not the continued use of the prophylactic antibiotic Keflex was medically necessary for up to several days postoperatively. MTUS, ACOEM, and ODG do not address this request. Therefore, recommendations from the American Academy of Orthopedic surgeons were referenced. These guidelines do not recommend the continued prescription of prophylactic antibiotics past the first 24 hour period. Likewise, this request is not considered medically necessary.