MAXIMUS Federal Services

Case Number:	CM15-0097566		
Date Assigned:	05/28/2015	Date of Injury:	12/11/2013
Decision Date:	07/02/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/20/2015

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 49-year-old, female who sustained a work related injury on 12/11/13. The diagnoses have included right elbow lateral epicondylitis, right elbow partial tear of the extensor carpi radialis tendon and pain in joint of upper arm. Treatments have included right elbow corticosteroid injections, physical therapy, medications, and use of an elbow strap and brace. In the PR-2 dated 4/17/15, the injured worker is having problems with 3rd and 5th A1 pulleys due to trigger fingers of right hand. She has tenderness along the A1 pulleys of the right 3rd and 5th digits with swelling of the same. She has tenderness over the lateral epicondyle. The treatment plan includes a recommendation for right elbow surgery with pre- and postoperative treatments and durable medical equipment necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500 milligrams #20 for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antibiotic Prophylaxis for Surgical Procedures by Paul K. Mohabir, MD, Jennifer Gurney, MD
http://www.merckmanuals.com/professional/special-

subjects/care-of-the-surgical-patient/antibiotic-prophylaxis-for-surgical-proceduresLast full review/revision May 2015.

Decision rationale: MTUS, ACOEM, and ODG guidelines do not specifically address this request, and therefore other guidelines were referenced. In general, postoperative prophylactic antibiotics are not recommended for simple uncomplicated orthopedic procedures such as an elbow surgery. There is no documentation of any secondary infection. There is also no documentation of this patient having risk factors for postoperative infection, such as valvular heart disease. The rationale for why this antibiotic is being prescribed is not evident in the medical records provided. Likewise, Keflex is not considered medically necessary.