

Case Number:	CM13-0037417		
Date Assigned:	12/13/2013	Date of Injury:	01/23/2011
Decision Date:	05/16/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/10/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old female who reported an injury on 01/23/2011. The mechanism of injury was not stated. Current diagnoses include unspecified hypothyroidism, reflex sympathetic dystrophy of the lower limb, and pain in a joint involving the lower leg. The injured worker was evaluated on 10/03/2013. The injured worker reported 8/10 pain. Physical examination revealed limited lumbar range of motion, 5/5 motor strength in the right lower extremity, allodynia in the right ankle, decreased temperature in the right foot, and an antalgic gait. Treatment recommendations included a Ketamine infusion and continuation of Endocet 5/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION/TREATMENT WITH SPECIALIST FOR CONSIDERATION OF IV KETAMINE INFUSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California ACOEM Guidelines, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Section Page(s): 56.

Decision rationale: The California MTUS Guidelines state Ketamine is not recommended. There is insufficient evidence to support the use of Ketamine for treatment of chronic pain. Therefore, the current request cannot be determined as medically appropriate

TWELVE (12) PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for reflex sympathetic dystrophy or CRPS includes 24 visits over 16 weeks. There is no documentation of a previous course of physical therapy with evidence of objective functional improvement. The total amount of physical therapy sessions completed to date is also unknown. Therefore, ongoing treatment cannot be determined as medically appropriate.