

Case Number:	CM13-0062634		
Date Assigned:	12/30/2013	Date of Injury:	04/05/2012
Decision Date:	04/11/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 patient is a 35 year old female who reported an injury on 04/05/2012. She was injured when she slipped and fell on a wet floor while working as a veterinarian technician and strained her right shoulder in the process of falling, which was later diagnosed having a SLAP lesion and a tear of the biceps tendon. The patient underwent surgical repair in 11/2012 and stated that, immediately following her surgery, she felt some tingling in her right fingers and described allodynia within the week following the procedure. Along with increased sensitivity of pain, the patient described the skin on her right hand as becoming shiny with a waxy appearance, and described some mottling on the hand as well, which were all classic symptoms of RSD. The patient has reportedly undergone 2 sets of 3 nerve blocks to help alleviate her pain, which have also failed, and has had her diagnosis verified through an orthopedist and a pain management doctor, along with 2 other primary care physicians.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre op Psychologist clearance prior to intravenous Ketamine Infusion therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Consultations Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketamine.

Decision rationale: The request for Pre op Psychologist clearance prior to intravenous Ketamine Infusion therapy is not medically necessary or appropriate. Although California Medical Treatment Utilization Schedule does recommend the use of psychological consultations for patients with delayed recovery, the request is for psychological clearance prior to Ketamine infusion therapy. Official Disability Guidelines do not support the use of Ketamine infusion therapy as there is little scientific data to support the safety and efficacy of this treatment. As intravenous Ketamine infusion therapy would not be supported by guideline recommendations, all ancillary services would also not be supported. As such, the requested Pre op Psychologist clearance prior to intravenous Ketamine Infusion therapy is not medically necessary or appropriate.