

<b>Case Number:</b>	CM13-0062646		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 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-OPERATIVE LABS, CBC, CMP PRIOR TO INTRAVENOUS KETAMINE INFUSION THERAPY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cigna.com/healthwellness/hw/medical-tests/complete-blood-count-hw4260>; and <http://labtestsonline.org/understanding/analytes/cmp/tab/test>

**Decision rationale:** According to the online web site, [cigna.com](http://www.cigna.com/healthwellness/hw/medical-tests/complete-blood-count-hw4260), health and wellness, it states that a CBC helps the doctor check any symptoms, such as weakness, fatigue, or bruising the patient may have. It also helps to diagnose the patient with conditions such as anemia, infection, and many other disorders. Prior to undergoing a Ketamine infusion, a complete blood count would be considered medically appropriate in assessing the patient thoroughly before undergoing the requested procedure. On [labtestsonline.org](http://labtestsonline.org), a comprehensive metabolic panel is used as a broad-based screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. Prior to having a Ketamine infusion, it is imperative that the patient be checked for any underlying conditions that may prevent the patient from undergoing the elected procedure. However, it is unclear as to what other labs the physician is wanting in reference to the way the request has been presented. It gives indication that along with the CBC and CMP, there are other labs being requested. Furthermore, the documentation is unclear if the patient has been authorized for the intravenous Ketamine infusion, and without having the clarification on all the preoperative labs being requested, the requested service cannot be supported at this time. The request pre-operative labs, CBC, CMP prior to intravenous Ketamine infusion therapy are not medically necessary and appropriate.