

<b>Case Number:</b>	CM13-0062652		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Internal Medicine and is licensed to practice in California. 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 34 year old female who was injured on 04/05/2012 when she sustained an injury slipping and falling on a wet floor. She strained her right shoulder in the process of falling. Prior treatment history has included nerve blocks and ganglion blocks without improvement; physical therapy. She is noted to have a history of hypertension. Prior medication history included Norco 10/325, Neurontin 600 mg, and Percocet 10/325. The patient underwent right shoulder arthroscopic subacromial decompression; right shoulder arthroscopic debridement of the glenohumeral joint and right shoulder open biceps tendonosis on 11/30/2012. Pain management consult dated 10/09/2013 indicates the patient presented with complained of pain when she began physical therapy and found it difficult to tolerate her treatments. She reports burning pain, electrical shooting pain and a deep aching pain in her extremities. She has difficulties performing many activities and performing daily household chores. On the exam, she was in no acute distress. Her right shoulder was held at the trunk in a guarded fashion. She exhibited a nondescript tremor periodically throughout the exam. Her mobility was limited at the shoulders on both sides. Her range of motion was less than 90 degrees of active abduction at the right shoulder and approximately 90 degrees of active abduction tolerated at the left shoulder. Palpable hyperhydrosis in the right hand and forearm were present with a significant weakness . She has what appears to be a progression of complex regional pain syndrome (CRPS). She has a diagnosis of a SLAP lesion at the right shoulder and tendinitis at the right biceps tendon. It is recommended that she participate in an interdisciplinary restoration functional program as well as IV ketamine for her CRPS condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PREOPERATIVE CARDIOLOGIST CLEARANCE, PRIOR TO KETAMINE INFUSION THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER 7 Page(s): 503. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Clinical Office Visits, Pain Chapter.

**Decision rationale:** The ODG recommends referral to a physician when deemed necessary for treatment/diagnosis out of the ordering physician's specialty. The documents provided do not establish the necessity for cardiology evaluation prior to ketamine infusion. It is unclear why the referring physician is unable to provide the pre-operative clearance prior to the ketamine infusion. Additionally, the ketamine infusion is not recommended under the current guidelines and therefore pre-operative clearance is not necessary. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.