

Case Number:	CM15-0002913		
Date Assigned:	01/13/2015	Date of Injury:	06/04/2009
Decision Date:	03/24/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/06/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female who reported an injury on 06/04/2009. The mechanism of injury was not provided. Prior therapies included stellate ganglion blocks, first rib resection for thoracic outlet syndrome, ketamine infusions, and MRI of the brain with no evidence of multiple sclerosis, 4 EMGs and nerve conduction studies that were reported to be normal. There was a request for authorization submitted for review for the left wrist support, a driving program and ketamine troches on 12/24/2014. This information regarding the [REDACTED] program for injured worker with age related changes, amputation, arthritis, brain injury, cerebral palsy, chronic disabilities, dementia, diabetes, multiple sclerosis, polio, spina bifida, spinal cord injury, stroke, medically at risk seniors and others was noted to have a variety of services that could be individualized. The documentation of 12/22/2014 revealed the injured worker's associated diagnoses included brachial plexus disorder, myofascial pain and complex regional pain syndrome Type 1. The injured worker indicated they had whole body pain, left collar bone pain, left arm pain, right knee pain, back of neck and head pain, and left leg pain. The injured worker was noted to have a history of thoracic outlet obstruction bilaterally, carpal tunnel syndrome and CRPS in the bilateral upper and left lower extremity. The injured worker was noted to have ulnar surgery on her right arm in 2009 which spread to her left arm and was status post ulnar revision surgery at U.C.L.A. on 07/17/2014. The injured worker had a torn meniscus. The injured worker was noted to be utilizing a Q pump. The injured worker indicated she had improvement with CRPS pain with ketamine infusions since 2012 with the last one being in 12/05/2014. The injured

worker indicated ketamine infusions gave her memory problems and the injured worker wished to discontinue it. The injured worker indicated that she was interested in starting a driver rehabilitation program and would like a referral however she could not currently drive due to bilateral upper extremity pain. The injured worker's medications included gabapentin 600 mg 4 times a day, naproxen 750 mg daily; baclofen 10 mg 3 times a day, Lyrica 75 mg at bedtime, clonazepam 0.5 mg daily and calcitonin nasal spray daily. The physical examination was noted to include right upper extremity 1/5 motor strength and lower extremity 4/5. The injured worker had reduced range of motion in the bilateral upper extremities and was unable to put on a jacket without assistance. The treatment plan included oral ketamine 4 times a day x1 month, a prescription for carpal tunnel braces and a prescription for a driver rehab program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment Support by Future, Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that a splint is initial treatment at night time for injured workers with carpal tunnel syndrome. The clinical documentation submitted for review indicated the injured worker had a history of carpal tunnel syndrome. However, there was a lack of documentation indicating objective current findings to support the necessity for a brace. Given the above and the lack of documentation of objective findings, the request for durable medical equipment support by future left hand is not medically necessary.

Driving rehab program at [REDACTED]: 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 Official Disability Guidelines (ODG) Head Chapter, Driver Assessment and training

Decision rationale: The Official Disability Guidelines indicate that driver assessment and training is recommended for occupational therapy for drivers with disabilities including brain injury. The clinical documentation submitted for review indicated the injured worker had a desire to be trained in driving. However, there was a lack of documentation indicating the ability to do so as it was indicated the injured worker had severe pain in her bilateral upper extremities and could not put a her jacket on without assistance. The injured worker's strength was 1/5. The specific rehabilitation being requested was not provided. The components were not provided.

Given the above and the lack of documentation of exceptional factors, the request for Driving rehab program at [REDACTED] is not medically necessary.

Ketamine 10mg troches, take 1 QID PRN, #120: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that ketamine is not recommended for the treatment of chronic pain. The clinical documentation submitted for review indicated the injured worker had 3 ketamine infusions. However it was noted to give her memory problems. As such, ketamine troches would not be supported and there was a lack of documentation of exceptional factors. Given the above, the request for Ketamine 10mg troches, take 1 QID PRN, #120 is not medically necessary.