MAXIMUS Federal Services

Case Number:	CM13-0021974		
Date Assigned:	09/30/2013	Date of Injury:	08/09/1995
Decision Date:	02/21/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 70 year-old male with a 8/9/1995 industrial injury claim. The 8/16/13 appeal states the patient has been diagnosed with: severe knee arthrosis bilaterally; lumbar strain/sprain syndrome; and left elbow lateral epicondylitis. The IMR application shows a dispute with the 7/31/13 UR decision. The 7/31/13 UR decision is by [redacted] and was recommending non-certification for PT x8 for the lumbar spine, ESWT for bilateral knees; Genetic risk assessment from 3/7/13; DNA testing; and unknown topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 8 sessions to the lumbar spine: 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 Page(s): 98-99.

Decision rationale: There are extensive records for this case, 554 pages of records extending back to the 1998 reports from [redacted]. The patient was reported to be P&S in 1997, and has had extensive PT and aquatic therapy for over 10 years. There are no physical therapy notes and no documentation of functional improvement. [redacted] was unable to provide the dates of service for PT, or total number of visits, or even the date the patient last attended therapy. MTUS

recommends 8-10 sessions of PT for myalgias and neuralgias. The patient has already exceeded this and without documented functional improvement and dates of the most recent sessions or therapy progress notes, there is inadequate rationale provided to deviate from the MTUS guidelines.

Extracorporeal shockwave therapy, bilateral knees: 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).

Decision rationale: MTUS/ACOEM topics and MTUS/Chronic pain guidelines did not specifically discuss shockwave therapy for the knees. ODG guidelines were consulted. ODG states this is understudy. The therapy is typically for tendinopathy, not for arthritis, which this patient is reported to have. The requested ESWT is not in accordance with ODG guidelines.

Genetic risk assessment administered on 3/7/2013: 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), Pain Chapter.

Decision rationale: MTUS/ACOEM does not discuss genetic testing. ODG guidelines were consulted. ODG guidelines specifically state: "Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations." The request is not in accordance with ODG guidelines.

DNA testing: 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), Pain Chapter.

Decision rationale: MTUS/ACOEM does not discuss genetic testing. ODG guidelines were consulted. ODG guidelines specifically state this is "not recommended". The request is not in accordance with ODG guidelines.

Topical creams: 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 Chronic Pain Section Page(s): 111.

Decision rationale: The UR was clear that the denial of the topical compounded medications were due to the physician not specifying the ingredients of the topical compound requested. The brand or generic name was not provided. There is the 6/4/13 appeal, by [redacted] for topical medications, but again, the name, type or even drug class of topical medication was not provided. MTUS states that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended" and the treating physician has not provided documentation as to what components make up the topical cream. It is unknown what guidelines would apply to the components of the cream. I cannot verify that the cream is in accordance with MTUS guidelines with an incomplete prescription, which does not include the ingedients contained in the topical medication. Therefore, one cannot determine whether all the ingedients meet guidelines, which is the standard for recommendting authorization.