

<b>Case Number:</b>	CM14-0172770		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Family Practice 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:

This 34-year old man apparently fractured his left wrist on 8/30/13. The mechanism of injury is not described in the available records. Original treatment included operative reduction and fixation of the wrist, apparently followed by physical therapy. He was initially followed by an orthopedist, who released him to work with no restrictions as of 2/14/14. There are three notes from his current provider, a pain management specialist, in the available records, dated 4/23/14, 7/24/14 and 8/21/14. All include diagnoses of wrist sprain/strain, tooth pain and insomnia. All state that the patient is temporarily totally disabled. Medications dispensed or prescribed include Naproxen, Tramadol, a proton pump inhibitor, and various topical compounded medications. On 8/21/14, the provider, a PA working in the primary treater's office, documented that the patient had ongoing wrist and tooth pain. Exam was notable for tenderness and "myospasm" of the wrist, with decreased range of motion and positive Tinel's and Phalen's signs. The teeth were tender to palpation. The same diagnoses were documented, and the same medications prescribed or dispensed. The treatment plan also included requests for authorization for a TENS unit, for an MRI of the left wrist, for chiropractic manipulation 2x4 weeks, for physical therapy 2x4 weeks, for acupuncture 2x4 weeks, and for a DNA Pain Medicine Management Panel. The provider listed MTUS guidelines as rationales for the various forms of therapy, but did not document any specific indications or goals for any of the therapies. The rationale given for the DNA testing is that it can detect small differences in DNA which can effect the way drugs work and are metabolized. A request for authorization for chiropractic treatment 2-3 times per week for 4-6 weeks, for physical therapy 2-3 times per week for 4-6 weeks, for acupuncture treatments 2-3 times per week for 4-6 weeks, and for a DNA Medical Collection Kit was generated on 9/5/14. All four requests were non-certified in UR on 9/12/14. ACOEM low back guidelines and MTUS Chronic Pain low back guidelines were cited for the chiropractic request, MTUS

acupuncture guidelines for the acupuncture request, and an online article on genetic screening was cited for the DNA testing request. The request for physical therapy was non-certified on the basis that it was not clear whether it was for new or ongoing therapy, and that multiple physical modalities performed concurrently were not supported by guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic treatment 3 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-309.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Manipulation.

**Decision rationale:** The MTUS Chronic pain reference above states that manual manipulation is not recommended for forearm, wrist and hand complaints. The ODG reference states that chiropractic manipulation of the wrist is not recommended. Manipulation has not been proven effective in high quality studies for patients with pain in the hand, wrist, or forearm. The clinical documentation in this case does not support the provision of chiropractic manipulation to this patient. There is no documentation of any goal that would specifically require manipulation to be accomplished, or of any reason that manual manipulation would be likely to produce successful results in this patient. Based on the evidence-based citations above and on the clinical records provided for my review, chiropractic treatment 3 times per week for 6 weeks is not medically necessary. It is not medically necessary because the provider has not documented any reason for its performance that would be sufficient to override the evidence-based recommendations against its performance. The request is not medically necessary.

**DNA medicated collection kit- genetic metabolic test: 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, Genetic testing for Potential Opioid Abuse.

**Decision rationale:** The ODG reference above states that genetic testing for potential opioid abuse is 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. Translating pharmacogenetics to clinical practice has been particularly challenging in the context

of pain, due to the complexity of this multifaceted phenotype and the overall subjective nature of pain perception and response to analgesia. Predicting the analgesic response to morphine based on pharmacogenetic testing is more complex; though there was hope that simple genetic testing would allow tailoring morphine doses to provide optimal analgesia, this is unlikely to occur. A variety of polymorphisms clearly influence pain perception and behavior in response to pain. However, the response to analgesics also differs depending on the pain modality and the potential for repeated noxious stimuli, the opioid prescribed, and even its route of administration. The clinical documentation in this case does not support the use of genetic testing for opioid use in this case. Although the provider has documented a rationale that it can detect small differences in DNA which can effect the way drugs work and are metabolized, she provides no documentation as to how the results would direct treatment changes. Per the evidence cited above, this testing has not reached a level where it can be used to make significant clinical decisions. As this testing stands currently, performing it represents a useless and expensive intellectual exercise with no clinical value. Based on the ODG citation above and on the clinical information provided for my review, DNA metabolic testing is not medically necessary, because it cannot produce results that would direct clinical decisions, and is therefore clinically useless at the present time. The request is not medically necessary.

**Physical therapy 3 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement; Functional Improvement Measures Page(s): 9; 48, Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** Per the MTUS Chronic Pain citations, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. It is important to have specific measures that can be used repeatedly to demonstrate improvement or maintenance of function over the course of treatment. These should include the categories of work functions or ADLs, self-report of disability (walking, lifting, keyboard or driving tolerance) and pain scales. Objective measurements of functional improvement are preferred, such as measuring the patient's ability to lift 10 pounds from floor to waist repetitively, but they are not required. According to the Post-surgical guidelines above, post-surgical treatment of either a wrist or forearm fracture should consist of 16 PT visits over 10 weeks, with a physical medicine treatment period of 4 months. The clinical documentation in this case does not support the provision of 18 physical therapy visits to this patient. It appears that he had some number of physical therapy treatments ordered by the original treating orthopedist, and was ultimately deemed able to continue with home exercise. The current provider has not documented any specific functional goals for this patient that would require the performance of formal physical therapy and could not be addressed by home exercise. In particular, it is not clear why this patient would need a number of PT visits that exceeds the maximum number of postoperative visits recommended for his diagnosis. Based on the MTUS citations above and on the clinical information provided for my review, physical therapy 3 times per week for 6 weeks is not

medically necessary. It is not medically necessary because it appears the patient has already had significant physical therapy and should be performing home exercise, because there is no documented goal of treatment that would require formal physical therapy rather than home exercise, and because the number of visits requested exceeds that likely to be helpful for his diagnosis. The request is not medically necessary.

**Acupuncture (3 times per week for 6 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Functional Improvement; Functional Improvement Measures, Page(s): 9; 48.

**Decision rationale:** Per the MTUS Chronic Pain citations, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. It is important to have specific measures that can be used repeatedly to demonstrate improvement or maintenance of function over the course of treatment. These should include the categories of work functions or ADLs, self-report of disability (walking, lifting, keyboard or driving tolerance) and pain scales. Objective measurements of functional improvement are preferred, such as measuring the patient's ability to lift 10 pounds from floor to waist repetitively, but they are not required. The MTUS acupuncture guidelines state that acupuncture should be performed 1-3 times per week with optimal duration of 1-2 months. The time needed to produce functional improvement is 3-6 visits, and treatment may be extended if functional improvement is documented. The clinical documentation in this case does not support the provision of 18 acupuncture visits to this patient. There is no current assessment of the patient's functional abilities and no documentation of specific goals for therapy. The number of treatments requested is far in excess of that recommended by the Acupuncture Guidelines before documentation of functional progress (i.e. 3-4 visits). Based on the MTUS citations above and on the clinical documentation provided for my review, acupuncture 3 times per week for 6 weeks is not medically necessary. It is not medically necessary because there is no documentation of functional goals for its performance, and because the number of treatments requested far exceeds the number at which the first assessment of functional progress should be made. The request is not medically necessary.