

Case Number:	CM15-0134784		
Date Assigned:	08/20/2015	Date of Injury:	10/31/2013
Decision Date:	09/29/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/13/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 71 year old male with an industrial injury dated 10-31-2013. His diagnoses included thoracic spine sprain-strain, lumbar spine sprain-strain, left shoulder pain, left wrist- hand sprain-strain, and bilateral knee pain, left ribcage pain, anxiety and stress. The Injured worker is being treated with Naproxen, He presented on 05-14-2015 with complaints of left shoulder and arm pain rated as 8 out of 10, left hand pain rated as 8 out of 10, middle and low back rated as 8 out of 10, left ribcage pain rated as 6 out of 10, right knee pain rated as 9 out of 10 and left knee pain rated as 10 out of 10. He also complained of anxiety, depression, insomnia and nervousness. He was current working without restrictions. Physical exam noted tenderness over thoracic and lumbar paraspinal with limited range of motion. Shoulder, wrist and hands were tender with pain on exam. Left knee was tender with limited range of motion. Treatment plan included x-rays, physical therapy, durable medical equipment, functional improvement measurements, pharmacological assay, urine toxicology screen, internal medication consult and medications. Work status - modified work. "If unable to accommodate restrictions, then patient will be on temporary total disability." Functional improvement measures, CYP450 pharmacology assay, 12 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional improvement measures: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion; Functional improvement measures Page(s): 6; 48.

Decision rationale: The injured worker sustained a work related injury on 10-31-2013. The medical records provided indicate the diagnosis of thoracic spine sprain-strain, lumbar spine sprain-strain, left shoulder pain, left wrist- hand sprain-strain, and bilateral knee pain, left ribcage pain, anxiety and stress. Comorbid conditions included type II diabetes and hypertension. The medical records provided for review do not indicate a medical necessity for Functional improvement measures. The MTUS recommended the use of functional improvement measures to monitor the progress of the injured worker. These include assessment of range of motion, numerical evaluation of pain using the VAS scale, quality of life assessment, and determination of activities of daily living. The formal request for functional improvement measures is not medically necessary because they are considered to be part of the history and physical examination.

CYP450 pharmacology assay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Cytochrome p450 testing; Pharmacogenetic testing/pharmacogenomics (opioids & chronic non- malignant pain); Genetic testing for potential opioid abuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Cytochrome p450 testing.

Decision rationale: The injured worker sustained a work related injury on 10-31-2013. The medical records provided indicate the diagnosis of thoracic spine sprain-strain, lumbar spine sprain-strain, left shoulder pain, left wrist- hand sprain-strain, and bilateral knee pain, left ribcage pain, anxiety and stress. Comorbid conditions included type II diabetes and hypertension. The medical records provided for review do not indicate a medical necessity for CYP450 pharmacology assay. The MTUS is silent on Cytochrome P450 testing, but the Official Disability Guidelines recommends against Cytochrome p450 testing and other Pharmacogenetic testing/ pharmacogenomics except for research purposes. The request is not medically necessary.

12 physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on 10-31-2013. The medical records provided indicate the diagnosis of thoracic spine sprain-strain, lumbar spine sprain-strain, left shoulder pain, left wrist- hand sprain-strain, and bilateral knee pain, left ribcage pain, anxiety and stress. Comorbid conditions included type II diabetes and hypertension. The medical records provided for review do not indicate a medical necessity for 12

physical therapy visits. The MTUS Chronic pain Physical Medicine guidelines recommends a fading treatment of 8-10 physical therapy visits over 8 weeks followed by home exercise program. The requested number of visits exceeds the guidelines recommendation. Therefore the request is not medically necessary.