

<b>Case Number:</b>	CM15-0183851		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	01/19/2015
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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, South Carolina

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

### 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 65 year old male with a date of injury of January 19, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain and strain, and right shoulder pain rule out rotator cuff tear. Medical records dated June 11, 2015, indicate that the injured worker complains of pain in the right shoulder rated at a level of 7 out of 10. A progress note dated July 28, 2015, notes subjective complaints of neck pain radiating to the right upper extremity rated at a level of 0 out of 10 without activities and 8 out of 10 with activities, and frequent right shoulder pain rated at a level of 0 out of 10 without activities and 8 out of 10 with activities. Per the treating physician (July 28, 2015), the employee was working with restrictions. The physical exam dated June 11, 2015, reveals tenderness to palpation at the right anterior shoulder and biceps tendon, full range of motion, positive impingement testing, positive Hawkins, and O'Brien's tests. The progress note dated July 28, 2015, documented a physical examination that showed tenderness over the right cervical paraspinals and trapezius muscles, full range of motion of the cervical spine, weakness of the right shoulder, tenderness over the right upper trapezius, rotator cuff, bicipital groove, acromioclavicular joint, and deltoid, positive impingement, Yergason's, Neer's, and apprehension tests on the right, pain with range of motion of the right shoulder, and decreased range of motion of the right shoulder. Treatment has included at least two cortisone injections to the right shoulder that helped, medications, and at least twelve sessions of physical therapy. The original Utilization Review (August 27, 2015) non-certified a request for pharmacological assay - CYP450 (CYP 2C19, CYP 2C9, CYP 2D6, CYP 3A4/3A5, VKORC1, Factor II, Factor V and MTHFR), eight sessions of physical

therapy for the right shoulder, and functional improvement measurement with functional improvement measures for the right shoulder.

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

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

**Pharmacological Assay - CYP450 (CYP 2C19, CYP 2C9, CYP 2D6, CYP 3A4/3A5, VKORC1, Factor II, Factor V and MTHFR): 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 - Pharmacogenetic testing/Pharmacogenomics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic), Cytochrome p450 testing, ODG Pain (Chronic), Pharmacogenetic testing/pharmacogenomics (opioids & chronic non-malignant pain).

**Decision rationale:** The CA MTUS does not specifically address cytochrome p450 testing; however, the cited ODG states that is not recommended. Overall, testing is not recommended except in a research setting. The ODG further states that many complex trials evaluating the effect of opioids on pain, the population-based genetic association studies had mixed success and the reproducibility was poor. Evidence is not yet sufficiently robust to determine association of pain-related genotypes and variability in opioid analgesia in human studies. Based on the available records for the injured worker, there is no documentation of the need for extensive testing with a pharmacological assay to include underlying medical diagnoses and medications. Therefore, the request for pharmacological assay - CYP450 (CYP 2C19, CYP 2C9, CYP 2D6, CYP 3A4/3A5, VKORC1, Factor II, Factor V and MTHFR) is not medically necessary and appropriate.

**Physical Therapy, Right Shoulder, 2 times wkly for 4 wks, 8 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Physical Therapy; Impingement syndrome; Rotator cuff.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the CA MTUS guideline cited, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, injured workers are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, physical medicine may be a reasonable treatment option for his diagnoses; however, it is clear from the medical records that he has had previous extensive physical therapy (at least 12 sessions), and therefore, he should be able to

execute a home exercise program. Thus, the request for physical therapy right shoulder, 2 times wkly for 4 wks, 8 sessions, is not medically necessary and appropriate.

**Functional Improvement Measurement with functional improvement measures, Right Shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pgs 132-139; Official Disability Guidelines: Fitness for Duty chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

**Decision rationale:** Per the cited CA MTUS, functional improvement measurement is recommended due to the importance of an assessment having measurements that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. According the Independent Medical Examination from July 28, 2015, the injured worker continues to work with restrictions, has not yet reached maximum medical improvement, and is in need of further care. Although the notes are not completely clear on the need for functional improvement measures versus routine clinical follow up, the need for objective measures in accessing work function, physical impairment, and activities of daily living is obvious. Therefore, based on the guidelines and available medical records, the request for functional improvement measurement with functional improvement measures, right shoulder, is medically necessary and appropriate.