

Case Number:	CM15-0192583		
Date Assigned:	10/06/2015	Date of Injury:	05/14/2012
Decision Date:	11/13/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/30/2015

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
 Certification(s)/Specialty: Emergency 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:

This injured worker is a 59 year old male, who sustained an industrial injury on 05-14-2012. The injured worker was diagnosed as having status post right shoulder surgery, cervical pain with upper extremity symptoms, low back pain with right lower extremity symptoms, head pain-headaches status post trauma to head with injury and right shoulder tendinosis, infraspinatus and supraspinatus. On medical records dated 08-31-2015, the subjective complaints were noted as cervical pain rated 5 out of 10, right shoulder pain-refractory rated 6 out 10, bilateral elbow-proximal forearm pain rated 6 out 10 and left shoulder pain rated 6 out of 10. Objective findings were noted as right shoulder tenderness and cervical spine tenderness. Treatments to date included 12 sessions of physical therapy, functional capacity evaluation and medication. The injured worker was noted to be permanent and stationary. Current medications were listed as Cyclobenzaprine and Gabapentin. The Utilization Review (UR) was dated 09-28-2015. A Request for Authorization was dated 09-21-2015. The UR submitted for this medical review indicated that the request for DNA-genetic testing and physical therapy with shockwave for shoulder- elbow and forearm 3 times weekly for 4 weeks-12 sessions was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA/ genetic testing: 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 - Pharmacogenetics testing/pharmacogenomics (opioids and chronic non-malignant pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cytokine DNA Testing for Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Genetic Testing for Potential Opioid Abuse.

Decision rationale: The requested DNA/ genetic testing, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Cytokine DNA Testing for pain, page 42, note that such testing is "Not recommended - There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain." Further, Official Disability Guidelines, Pain (Chronic), note 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. (Levrán, 2012)" The injured worker has cervical pain with upper extremity symptoms, low back pain with right lower extremity symptoms, head pain-headaches status post trauma to head with injury and right shoulder tendinosis, infraspinatus and supraspinatus. On medical records dated 08-31-2015, the subjective complaints were noted as cervical pain rated 5 out of 10, right shoulder pain-refractory rated 6 out 10, bilateral elbow-proximal forearm pain rated 6 out 10 and left shoulder pain rated 6 out of 10. Objective findings were noted as right shoulder tenderness and cervical spine tenderness. Treatments to date included 12 sessions of physical therapy, functional capacity evaluation and medication. CA MTUS and ODG do not recommend cytokine testing as the testing is still considered experimental. Absent this objection, it is not clear how a positive or negative result from the proposed genetic testing would change the treatment plan. Absent this objection, a search of Pubmed (3) revealed no medical evidence or medical guidelines supporting the use of the test in question. It appears to be experimental in nature. In the absence of support from the medical literature, and based on the currently available information, the medical necessity for DNA pain profile testing has not been established. The criteria noted above not having been met, DNA/ genetic testing is not medically necessary.

Physical therapy, with shockwave, for shoulder, elbow and forearm, 3 times weekly for 4 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand - Physical/occupational therapy.

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

Decision rationale: The requested Physical therapy, with shockwave, for shoulder, elbow and forearm, 3 times weekly for 4 weeks, 12 sessions, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has cervical pain with upper extremity symptoms, low back pain with right lower extremity symptoms, head pain-headaches status post trauma to head with injury and right shoulder tendinosis, infraspinatus and supraspinatus. On medical records dated 08-31-2015, the subjective complaints were noted as cervical pain rated 5 out of 10, right shoulder pain-refractory rated 6 out 10, bilateral elbow-proximal forearm pain rated 6 out 10 and left shoulder pain rated 6 out of 10. Objective findings were noted as right shoulder tenderness and cervical spine tenderness. Treatments to date included 12 sessions of physical therapy, functional capacity evaluation and medication. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy, with shockwave, for shoulder, elbow and forearm, 3 times weekly for 4 weeks, 12 sessions is not medically necessary.