

<b>Case Number:</b>	CM15-0192874		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/15/2015
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, New York, California  
 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 applicant is a represented 44-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 15, 2015. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve requests for extracorporeal shockwave therapy and DNA-genetic testing. The claims administrator referenced an RFA form received on September 17, 2015 in its determination. The full text of the UR report was not, however, seemingly attached to the application. MRI imaging of the knee dated April 16, 2015 was notable for low-grade medial collateral ligament sprain with intact menisci and cruciate ligaments. The applicant was placed off of work, on total temporary disability, via an RFA form dated April 16, 2015. The applicant's attorney subsequently appealed. On August 10, 2015, the applicant reported ongoing complaints of knee pain, 6/10, with ancillary complaints of ankle pain, 5/10. The applicant's medications included tramadol, Flexeril, Protonix, and Naprosyn, several of which renewed and/or continued. The applicant was not working and had not worked for several months, it was reported. The applicant was placed off of work, on total temporary disability. The applicant was depressed, it was acknowledged through preprinted checkboxes. Urine drug testing was sought. On August 31, 2015, the applicant again reported multifocal complaints of knee and ankle pain. Extracorporeal shockwave therapy was sought, along with additional physical therapy. DNA and genetic testing were also proposed, along with urine drug testing. Once again, the applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal shockwave therapy to left knee x 5 sessions, once a week for 30 mins for 5 sessions:** 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 ACOEM Occupational Medicine Practice Guidelines, 3rd ed. Extracorporeal Shockwave Therapy ('Shockwave'). Extracorporeal Shockwave Therapy (ESWT) has been utilized for treatment of tendinosis, especially in the shoulder and ankle. It has been documented to have efficacy for treatment of calcific tendinitis in the shoulder (see Shoulder Disorders chapter). 2208-2213.

**Decision rationale:** No, the request for extracorporeal shockwave therapy for the knee was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic for the extracorporeal shockwave therapy for the knee, i.e., the body part at issue. However, the Third Edition ACOEM Guidelines Knee Disorders Chapter notes that there is 'no recommendation' for or against usage of extracorporeal shockwave therapy for treatment of patellar tendinosis. Here, the attending provider August 31, 2015 office visit failed to furnish a clear or compelling rationale for selection of this particular modality in the face in the tepid ACOEM position on the same. Therefore, the request was not medically necessary.

**DNA/genetic testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cytokine DNA Testing for Pain. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Opioids Guideline Currently, screening for genetic risks prior to opioid treatment is not in widespread use.

**Decision rationale:** Similarly, the request for DNA and genetic testing was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing is not recommended in the diagnosis of chronic pain, as was present here on or around the date in question, August 31, 2015. The attending provider failed to furnish a clear or compelling rationale for selection of DNA and genetic testing in the face of the unfavorable MTUS position on the same in the chronic pain context present here. The Third Edition ACOEM Guidelines Opioids Chapter likewise notes that screening for genetic risk prior to opioid treatment is 'not in widespread use.' It was not stated or established how the nonstandard DNA and genetic testing at issue would have influenced or altered the treatment plan or prescription choice, for instance. Therefore, the request was not medically necessary.

