

Case Number:	CM15-0192907		
Date Assigned:	10/07/2015	Date of Injury:	04/01/2014
Decision Date:	11/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female who sustained an industrial injury on April 01, 2014. A primary treating office visit dated August 31, 2015 reported subjective complaint of "left shoulder pain, worsening with concern for decline in range of motion." She is status post carpal tunnel release and recalls some improvement. She also has complaint of "bilateral wrists and hands with pain." Medications includes: Hydrocodone twice daily. Objective assessment found: left wrist benign without signs of infection; incision healing well. The right wrist is with diminished sensation in median nerve distribution with positive Tinel's and Phalen's. The left elbow noted with tenderness at medial epicondyle and a positive Tinel's at cubital tunnel. The right elbow also with tenderness at medial epicondyle and positive Tinel's. The following diagnoses were applied to this visit: status post right carpal tunnel release; left carpal tunnel syndrome, left greater than right tibial tunnel syndrome, and rule out impingement rotator cuff pathology bilateral shoulder. The plan of care is noted with continued recommendation for additional separate right physical therapy treating the right wrist and hand 8 sessions; continued request for MRI of left shoulder; further discussion regarding left cubital release and continued request for nerve conduction study of upper extremities; genetic testing to rule out metabolic pathway deficiency for proper medication management. On September 22, 2015 a request was made for additional physical therapy sessions treating the right wrist, and genetic DNA testing that were non-certified by Utilization review on September 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy right wrist, twice a week for four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

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

Decision rationale: The patient presents with right wrist/hand pain rated 5/10. The request is for physical therapy right wrist, twice a week for four weeks. The request for authorization is not provided. The patient is status post right carpal tunnel release, 04/27/15. Physical examination of the right wrist/hand reveals diminished sensation in median nerve distribution. Positive Tinel's and Phalen's. Patient's medication includes Hydrocodone. Per progress report dated 08/31/15, the patient is temporarily partially disabled. MTUS post-surgical guidelines, pages 26-27, Shoulder Section recommends: "Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months. Postsurgical treatment (open): 3-8 visits over 3-5 weeks. Postsurgical physical medicine treatment period: 3 months." MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 08/31/15, treater's reason for the request is "Emphasis on active therapy." In this case, the patient continues with right wrist pain. Given the patient's condition, a short course of physical therapy would appear to be indicated. Patient is postsurgical carpal tunnel release, however, is now outside the treatment period post-op therapy. MUTS does allow up to 10 sessions of Physical Therapy for non post-op conditions. Therefore, the request IS medically necessary.

DNA Genetic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 3, Page 44.

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) Chapter under Cytokine DNA testing.

Decision rationale: The patient presents with RIGHT wrist/hand pain rated 5/10. The request is for DNA genetic testing. The request for authorization is not provided. The patient is status post RIGHT carpal tunnel release, 04/27/15. Physical examination of the RIGHT wrist/hand reveals diminished sensation in median nerve distribution. Positive Tinel's and Phalen's. Patient's medication includes Hydrocodone. Per progress report dated 08/31/15, the patient is temporarily partially disabled. ODG Guidelines under its Pain Chapter has the following regarding Genetic Testing for potential opiate abuse, "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 largely phenotype range." ODG Guidelines under its Pain (Chronic) Chapter under Cytokine DNA testing states, "Not recommended. There is no current evidence to support the use of cytokine DNA testing for the

diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving." Per progress report dated 08/31/15, the treater's reason for the request is "to rule out metabolic pathway deficiency for proper medication selection/management." The patient is prescribed Hydrocodone, which is an opiate. However, Genetic Testing is still under investigation and is not supported by guidelines as a routine diagnostic tool for any condition. Therefore, this request IS NOT medically necessary.