

<b>Case Number:</b>	CM15-0196261		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	03/03/2000
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Hawaii  
 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 57 year old male who sustained an industrial injury on March 03, 2000. Subjective complaints (September 16, 2015, August 26, 2015, July 17, 2015, June 12, 2015, May 01, 2015, and March 04, 2015) reported right knee pain "remains refractory to physical therapy, home exercise, and activity modification," and left elbow pain. Objective findings showed (March 04, 2015) no sign of infection; right knee range of motion limited with pain; left elbow "unchanged" and spasm of calf musculature decreased. The worker is being treated for: status post right knee total arthroplasty, left elbow pain. There is recommendation for additional physical therapy session treating the right knee. Medications included: Hydrocodone, Flexeril. On September 18, 2015 a request was made for physical therapy two times per week for 6 weeks to the right knee concurrent with shockwave therapy times five and DNA testing which were noncertified by Utilization Review on September 30, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 6 weeks to the right knee concurrent with shockwave therapy times 5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter - Extracorporeal wave therapy (ESWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ODG, Knee Chapter, Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The records indicate the patient has persistent right knee pain following total knee arthroplasty in 2014. The current request for consideration is physical therapy 2 x 6 to the knee concurrent with shockwave therapy for 5 sessions. The attending physician progress report indicates the patient has suffered a decline in knee ROM and would like to avoid additional surgery and anesthesia. CA MTUS does recommend physical therapy for chronic knee pain and limited range of motion of the knee. MTUS recommends physical therapy at a decreasing frequency with a transition into independent home-based exercise. The Physical medicine guidelines recommend for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Under study for patellar tendinopathy and for long-bone hypertrophic nonunions. In the first study of this therapy for management of chronic patellar tendinopathy, extracorporeal shockwave therapy seemed to be safer and more effective, with lower recurrence rates, than conventional conservative treatments, according to results of a recent small, randomized controlled trial. New data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. In this case, the patient may be a candidate for aggressive physical therapy emphasizing range of motion exercise for the knee. However, the MTUS guidelines recommend 9-10 visits over 8 weeks. The current request of 12 visits exceeds MTUS guidelines. With regard to shock wave therapy, MTUS is silent. The Official Disability Guideline does find support for shockwave therapy for patellar tendinopathy and for long-bone hypertrophic nonunions. There is no evidence to support the use of shockwave therapy for increasing knee range of motion. As such, the request for physical therapy 2 x 6 to the knee with concurrent shockwave therapy is inconsistent with MTUS and ODG. As such, the request is not medically necessary.

**DNA genetic testing to rule out metabolic pathway deficiency:** 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 FDA, Genetic testing.

**Decision rationale:** The records indicate the patient has persistent right knee pain following total knee arthroplasty in 2014. The current request for consideration is for DNA testing to R/O metabolic pathway deficiency. The attending physician notes that the patient has a history of adverse medication reaction. The attending physician states that by knowing the patient's specific metabolic genome they can avoid unnecessary drug reaction. In this case, the CA MTUS,

ACOEM, and ODG are silent regarding DNA testing. Genetic testing is recommended per FDA: Cytochrome P450 enzymes are involved in the metabolism of 90% of pharmaceutical drugs. Cytochrome p450, CYP450 genes 2c19, 2c9, 2dl, 3a4 and 3a5 are involved in processing these drugs. Genetic testing, coding for these enzymes has profound effects on the ability of the enzyme to effectively metabolize specific drugs. Genetic testing, recommended by the FDA, ensures proper drug selection. In this case, the peer reviewed literature offers no support to establish medical necessity in this clinical situation. Furthermore, the patient appears to be tolerating Oxycodone and muscle relaxants well. As such, the request is not medically necessary.