

Case Number:	CM15-0216528		
Date Assigned:	11/06/2015	Date of Injury:	12/15/2004
Decision Date:	12/18/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/03/2015

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: 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 injured worker is a 56 year old female who sustained an industrial injury on December 15, 2004. The worker is being treated for: left shoulder interval progression of partial tear, supraspinatus, acromioclavicular osteoarthopathy, left, left elbow medial condylitis, and left fourth finger trigger finger; depression. Subjective: September 02, 2015 she reported complaint of left shoulder, left elbow pain. September 23, 2015 she complained of diminution in pain and improved ROM left shoulder and she desires to continue shockwave treatment. Objective: September 2015 noted left shoulder tenderness, flexion 130 degrees, abduction 120 degrees, and rotations at 70 degrees; this demonstrates improvement. Medication: September 2015: Tramadol, and Naproxen. Treatment: remote surgery left shoulder 2009, September 2015 noted POC proceed with shockwave therapy treatment to left shoulder first of three September 11, 2015; TENS unit, medication, psychiatric treatment. On October 08, 2015 a request was made for additional shockwave therapy sessions times three to left shoulder and DNA genetic testing to rule out metabolic pathway deficiency for proper medication selection and management that were noncertified by Utilization Review on October 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy, left shoulder, additional 3 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Shock Wave Therapy Section.

Decision rationale: The MTUS Guidelines do not address the use of extracorporeal shock wave therapy to the lumbar spine. The ODG does not recommend the use of shock wave therapy as the available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. The request for shockwave therapy, left shoulder, additional 3 sessions is determined to not be medically necessary.

DNA/Genetic testing to rule out metabolic pathway deficiency for proper medication selection/management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cytokine DNA Testing for Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Genetic Testing for Potential Opioid Abuse Section.

Decision rationale: The MTUS Guidelines do not address the use of DNA testing to determine genetic risk of narcotic abuse. The ODG does not recommend this testing, even though, as the requesting provider has stated, there appears to be a strong genetic component to addictive behavior. Current research is experimental in terms of testing for potential opioid abuse. Studies have been inconsistent, and the various studies have used different criteria for defining controls. The response to analgesics also differs depending on the pain modality and the potential for repeated noxious stimuli, the opioid prescribed, and even its route of administration. DNA testing is not supported to help in the selection of pain medication. The request for DNA/Genetic testing to rule out metabolic pathway deficiency for proper medication selection/management is determined to not be medically necessary.