

Case Number:	CM13-0047415		
Date Assigned:	12/27/2013	Date of Injury:	05/22/1995
Decision Date:	02/26/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old male who reported a work related injury on 05/22/1995, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: very severe comminuted and displaced trimalleolar pilon fracture/dislocation at the left ankle status post ORIF, status post removal of loose bodies in the left ankle joint, moderate talonavicular arthritis, and mild limb length discrepancy. The clinical note dated 08/14/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports continued pain to the left ankle and swelling about the left ankle. The provider documented the patient may continue with his medications, such as Celebrex and Vicodin. Urine drug screening was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA testing qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. California MTUS indicates cytokine DNA testing for pain is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Given all of the above, the request for 1 DNA testing is not medically necessary or appropriate.