

Case Number:	CM14-0116992		
Date Assigned:	08/04/2014	Date of Injury:	04/18/2012
Decision Date:	09/25/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Internal Medicine 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 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/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 injured worker is a 58 year old male who suffered an industrial on April 18,2012. He fell at work and injured his back and knee. He was seen in July 2014 by the primary treating provider. Visits prior to that included 8/2013, 2/2014 and 4/2014. These notes were reviewed. The patient suffered a medial meniscus tear and subsequently underwent a total knee arthroplasty in 12/2013. He was also status post multi-level laminectomy for disk dessication and protrusion at multiple levels with radicular symptoms and compression. EMG and NCV studies from 4/2013 documented acute and chronic multi-level radiculitis. The patient complained of back and knee pain, though the latter was improved. He had severely limited range of motion of the spine with paraspinal spasms. He also had a normal examination of the right knee, which was the affected knee. Previous therapies included surgeries as indicated above, physical therapy and medications. A positive drug screen was noted with oxycodone being the only positive entity. The request is for DNA studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA Testing: 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 Official Disability Guidelines (ODG) DNA testing.

Decision rationale: The request is for DNA studies. However, further description of this is not provided, in terms of which DNA studies are being requested. Second, the rationale for the specific study is not stated. As such, without specific information on the type of test requested and the reason for the test, it would not be medically necessary.