

Case Number:	CM14-0153309		
Date Assigned:	09/23/2014	Date of Injury:	04/02/2014
Decision Date:	12/16/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/19/2014

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 Family 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:

This is a 58 year old female patient who sustained an injury on 4/02/2014. She sustained the injury due to repetitive stocking of materials. The current diagnosis includes left knee sprain. Per the doctor's note dated 8/20/14, patient had complaints of left knee pain. Physical examination of the left knee revealed tenderness over the medial joint line, equivocal McMurray's test and negative anterior and posterior drawer sign, stable knee to varus and valgus stress, range of motion- flexion 120 and extension 0 degrees and pain with compression of the patellofemoral joint and negative patellofemoral apprehension sign. Per the doctor's note dated 8/6/14, patient had complaints of left knee pain at 7/10 without medications and at 1/10 with medications. Physical examination of the left knee revealed tenderness with mild swelling upon the medial joint line, minimally decreased range of motion in flexion only, stable knee to varus and valgus stress, negative McMurray's sign. The current medication list includes Anaprox DS, ibuprofen, synthoid, ultracet and prilosec and topical medications. Her surgical history includes lumpectomy. She has had left knee X-ray dated 5/28/14 which was negative for fracture or dislocation; left knee X-ray dated 8/20/14 which revealed degenerative changes noted mostly involving the patellofemoral joint and the medial compartment. She has had left knee MRI. This MRI report was not specified in the records provided. She has had physical therapy visits for this injury. She has had urine drug screen on 6/30/14, 7/9/14 and 8/20/14 with negative results.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA Medicated Collection Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th edition (web) 2014 treatment section for pain under the heading of cytokine DNA testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain(updated 11/21/14), Genetic testing for potential opioid abuse, Cytokine DNA testing

Decision rationale: Per the ODG cited below genetic testing is "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 large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations (Levrán, 2012)." There is no high grade scientific evidence to support the use of genetic testing. Evidence of aberrant drug behavior or history of drug abuse in the past was not specified in the records provided. Evidence that the patient is taking high doses of potent controlled substances is not specified in the records provided. The medical necessity for DNA Medicated Collection Kit is not established for this patient.