

<b>Case Number:</b>	CM14-0158807		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 64-year-old who sustained a work injury on October 7, 2013. This claimant has a rotator cuff tear with retraction. He has a past history of rotator cuff repair in January 2008. Office visit on 7-16-14 notes the claimant has right shoulder pain rated as 5/10. On exam, he had limited range of motion, tenderness, crepitus and limited strength. On August 5, 2014, the claimant underwent debridement of the massive rotator cuff tear, partial acromioplasty. Office visit on August 14, 2014 notes the claimant is a couple of week's status post open decompression and debridement of the massive/irreparable right rotator cuff tear. He was doing fairly well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One DNA/pharmacogenetics test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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 - cytokine DNA testing

**Decision rationale:** ODG notes that cytokine DNA testing is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain. Cellular mechanisms are ultimately involved in the inflammatory process and healing, and the molecular machinery involves cellular signaling proteins or agents called cytokines. Given rapid developments in cytokine research, novel applications have emerged and one application is cytokine DNA signature testing which has been used as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome. The specific test for cytokine DNA testing is performed by the Cytokine Institute. ([www.cytokineinstitute.com](http://www.cytokineinstitute.com)) two articles were found on the website. However, these articles did not meet the minimum standards for inclusion for evidence-based review. (Gavin, 2007) (Gillis, 2007) In a research setting, plasma levels of various cytokines may give information on the presence, or even predictive value of inflammatory processes involved in autoimmune diseases such as rheumatoid arthritis. (Kokkonen, 2010) There is an absence in documentation noting that this claimant requires cytokine DNA testing, any extenuating circumstances to support treatment beyond current treatment guidelines and recommendations. Therefore, the request for One DNA/pharmacogenetics test is not medically necessary or appropriate.