

Case Number:	CM14-0171680		
Date Assigned:	10/23/2014	Date of Injury:	10/16/2013
Decision Date:	12/05/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/17/2014

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 Pain Management and Rehabilitation 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 underlying date of injury in this case is 10/16/2013. The date of the utilization review under appeal is 09/26/2014. The patient's diagnosis is status post left hand/finger surgical procedure of 06/11/2014 with residual stiff hand/finger syndrome. A primary treating physician initial orthopedic examination note of 09/15/2014 reviews the patient's history of injury when a chain wrapped around the fingers of his left hand and a hook hit the top of his hand while he was wearing heavy leather gloves. The patient was noted to have residual loss of range of motion with stiffness in the affected hand. The treating physician recommended obtaining current plain film and MRI imaging studies and also recommended Naproxen, Hydrocodone, Zofran, and Omeprazole. Additionally, the treating physician administered advanced DNA testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for an Advanced DNA Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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), Pain, Cytokine DNA Testing.

Decision rationale: DNA testing in cases of pain or Opioid use is not specifically discussed in the Medical Treatment Utilization Schedule. Official Disability Guidelines/Treatment in Workers Compensation/Pain discuss Cytokine DNA Testing, noting that there is no current evidence to support the use of such DNA testing for the diagnosis of pain, including chronic pain. The medical records do not provide an alternate rationale or indication for this proposed DNA Testing. The request for Advanced DNA Test is not medically necessary.