

Case Number:	CM14-0083411		
Date Assigned:	07/21/2014	Date of Injury:	02/10/2009
Decision Date:	10/03/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	06/04/2014

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, has a subspecialty in Interventional Spine 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 patient is a 33-year-old male with an injury date of 02/10/2009. Based on the 03/28/2014 progress report, the patient complains of having left shoulder pain which radiates to the neck, with numbness and tingling in left hand. The patient rates his left shoulder pain as an 8/10, and the patient also has left elbow pain which he rates as a 3/10. Upon examination of the left shoulder, there is a 3+ TTP over the anterior groove. The patient had a positive left upper extremity apprehension and Yergason tests. The 01/30/2014 report also indicates that the patient has a decreased range of motion. The patient's diagnoses include the following: 1) shoulder sprain/strain; 2) left elbow sprain/strain; 3) left wrist sprain/strain. The utilization review determination being challenged is dated 04/29/2014. Treatment reports are provided from 12/27/2013 - 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Advanced DNA Med Collection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Pain (updated 04/10/14) 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) MTUS/ACOEM do not discuss genetic testing, ODG-TWC guidelines online, Pain chapter on :

Decision rationale: Based on the 03/28/2014 progress report, the patient complains of having left shoulder pain which radiates to his neck and left wrist pain. The request is for an Advanced DNA med collection. The report with the request was not provided. MTUS and ACOEM guidelines do not discuss genetic testing; ODG guidelines were referred to. "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 cytokine 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 in chronic pain." There does not appear to support for DNA testing for medication management as of yet. Therefore, recommendation is for denial.