

Case Number:	CM14-0084381		
Date Assigned:	07/21/2014	Date of Injury:	04/25/2013
Decision Date:	09/24/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/06/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 21-year-old gentleman who was reportedly injured on April 25, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 4, 2014, indicates that there are ongoing complaints of left hand and wrist pain. Current medications include ibuprofen and tramadol. The physical examination demonstrated a positive left-sided scaphoid shift test and a negative left-sided lunotriquetral shuck test. There was slightly decreased left wrist range of motion. Diagnostic imaging studies of the left-hand showed a fracture of the left second metacarpal previous treatment is unknown. A request was made for a one time deoxyribonucleic acid test with a buccal swab and was not certified in the pre-authorization process on May 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One time DNA (Deoxyribonucleic Acid) test with buccal swab: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, Updated September 10, 2014.

Decision rationale: According to the Official Disability Guidelines deoxyribonucleic acid testing is not recommended it was stated that there is no current evidence to support the use of cytokine deoxyribonucleic acid testing for the diagnosis of pain including chronic pain. Considering this, the request for one time DNA (Deoxyribonucleic Acid) test with buccal swab is not medically necessary and appropriate.