

Case Number:	CM14-0112581		
Date Assigned:	08/01/2014	Date of Injury:	09/24/2010
Decision Date:	01/31/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 Rehab 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 patient sustained an injury on 9/24/10 while employed by [REDACTED]. Request(s) under consideration include DNA Testing. Diagnoses include medial meniscal knee tear/ internal derangement; and dysthymic disorder. Conservative care has included medications, therapy, and modified activities/rest. Letter from the provider dated 6/24/14 noted request for DNA testing as part of treatment plan for prescribed oral medications. This included genotyping to fine-tune drug dosage for greatest efficacy and safety without time-consuming and potentially dangerous trial-and-error; and to determine ultrarapid, extensive, or intermediate metabolizer. Test will be clinically useful for management of patient's treatment plan with maintain maximum capacity. Reports from the provider noted the patient with chronic ongoing pain symptoms. Exam showed unchanged findings of positive McMurray's and Apley's tests; positive medial joint line tenderness with healed scope incision on right knee with full extension of 120 degrees; Left knee with restricted range and positive McMurray's and medial joint lline tenderness with positive chondromalaica patella compression test. Treatment included continued therapy with the patient remaining TTD status. No medications were listed. The request(s) for DNA Testing was non-certified on 7/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Treatment Protocol- DNA Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Cytokine DNA Testing, page 709

Decision rationale: It is unclear what type of DNA testing is being requested. Submitted reports have not adequately demonstrated clear indication, co-morbid risk factors, or extenuating circumstances to support for non-evidence-based diagnostic DNA testing outside guidelines criteria. Cytochrome P450 tests (CYP450 tests) may be used to help determine how the body metabolizes a drug. It is conceived that genetic traits may cause variations in these enzymes, medications such as antidepressant and antipsychotics affect each person differently. By checking your DNA for certain gene variations, cytochrome P450 tests can offer clues about how the patient respond to a particular antidepressant and antipsychotic; however, there is no such medication prescribed. Per Guidelines, Cytokine DNA testing is not recommended as scientific evidence is insufficient to support its use in the diagnosis of chronic pain. The DNA Testing is not medically necessary and appropriate.