

<b>Case Number:</b>	CM14-0178418		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 58 year old woman with a date of injury of 2/15/12. She was seen by her physician on 9/18/14 with complaints of mild left shoulder pain. She also complained of parasthesias at night with pain and tingling in her right hand with weak grip strength consistent with carpal tunnel syndrome. Her medications included ketoprofen, lunesta, omeprazole, Cymbalta and norco. Her exam showed parasthesias and decreased sensation to the right radial 3 digits palmar aspect with normal reflexes. She was tender over the anterolateral border of the acromion on the left with positive impingement tests. She was also tender over the volar wrist with diminished left sensation. She had a positive right Tinel's, Phalen's and Carpal Compression Test. Her diagnoses were right carpal tunnel syndrome and status post arthroscopy of left shoulder. At issue in this review is the request for comprehensive molecular diagnostic testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive molecular diagnostic testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Overview of Pharmacogenomics Guideline Summary

**Decision rationale:** Pharmacogenetic testing is available in certain drug classes, and may help doctors understand why individuals respond differently to various drugs to inform therapeutic decisions. There are now FDA guidelines for genetic markers use to guide therapy for a variety of medications including opioids. However, in this injured worker, the records do not indicate that she has had difficulty with opioids with regards to response to therapy or adverse side effects. Therefore the records do not justify the medical necessity for comprehensive molecular diagnostic testing. The request is not medically necessary.