

<b>Case Number:</b>	CM14-0188854		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 male sustained an injury on July 29, 2013. The treating physician noted that a magnetic resonance imaging (MRI) of the right shoulder from March 27, 2014 revealed clavicular osteoarthropathy and tendinopathy. Diagnoses included acromioclavicular osteoarthropathy and tendinopathy. The injured worker was previously treated with anti-inflammatory, proton pump inhibitor, muscle relaxant, and pain medications, activity modification, transcutaneous electrical nerve stimulation (TENS), home exercises, cold, heat, and stretching. The medical records refer to a prior course of physical therapy, but do not provide specific dates of service or results. The physician noted the injured worker failed the prior course of physical therapy. On April 23, 2014, the injured worker complained of continuing right shoulder pain. The treating physician's physical exam revealed right shoulder tenderness, positive impingement signs, markedly limited range of motion, and decreased spasm of the cervical trapezius/deltoid tie-in. The physician recommended acupuncture and continue current medications. Work status was temporarily partially disabled. On July 17, 2014, the treating acupuncturist noted the injured worker had completed a course of acupuncture, which reduced his pain level and increased his ability to do more things with less discomfort. The acupuncturist recommended additional sessions of acupuncture. On August 11, 2014, the injured worker underwent a right shoulder arthroscopic subacromial decompression, debridement of partial-thickness rotator cuff tear, partial distal claviclectomy/Mumford procedure, synovectomy-bursectomy, and an injection of local anesthetic. On October 29, 2014, Utilization Review non-certified a retrospective request for molecular testing. The molecular testing was non-certified based on the use of DNA testing in the diagnosis of pain is not recommended as there is no current evidence to support it. The Official Disability Guidelines (ODG) for DNA testing was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro request for molecular testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Genetic Testing for potential opioid abuse.

**Decision rationale:** According to ODG guidelines, Genetic testing for potential opioid abuse <Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. (Levrin, 2012) See also Pharmacogenetic testing, opioid metabolism; Cytokine DNA testing.> There is no justification for DNA testing for pain management. The provider did not explain how genetic testing will change the patient management. ODG guidelines do not recommend the genetic testing for this patient. Therefore, the request is not medically necessary.