

<b>Case Number:</b>	CM14-0190927		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62-year-old male, who sustained an industrial injury on 4/29/10. The injured worker was diagnosed as having status post right shoulder revision and decompression repair of rotator cuff, sprain/strain left shoulder and right shoulder overuse. Treatment to date has included arthroscopic revision, right shoulder decompression, distal clavicle resection and labral and cuff debridement of right shoulder, 2 right shoulder rotator cuff repairs, physical therapy, oral medications and activity restrictions. Currently, the injured worker complains of right shoulder pain. A physical exam was not provided on 9/30/14, the injured worker was discharged from services. On 20/20/14, a request for authorization was submitted for advanced DNA medicated kit. The treatment plan consisted of restricted over from no overhead work with injured extremity and no lifting more than 10 pounds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Advanced DNA medicated kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Cytokine DNA Testing.

**Decision rationale:** The 62-year-old patient presents with right shoulder pain. The request is for an Advanced DNA Medicated Kit. The RFA provided is dated 10/20/14 and the patient's date of injury is 04/29/10. The patient has a diagnoses of status post right shoulder revision and decompression repair of rotator cuff, sprain/strain left shoulder and right shoulder overuse. Treatment to date has included arthroscopic revision, right shoulder decompression, distal clavicle resection and labral and cuff debridement of right shoulder, 2 right shoulder rotator cuff repairs, physical therapy, oral medications and activity restrictions. Current medications include Omeprazole, Naproxen and Tramadol. The patient's work status is not available. MTUS and ACOEM guidelines do not discuss genetic testing. However ODG guidelines state: "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." In this case, only one supplemental report was provided for review. Based on ODG, there does not appear to be support for DNA testing for medication management, as of yet. The request for an advanced DNA medicated kit is not medically necessary.