

Case Number:	CM14-0195757		
Date Assigned:	12/03/2014	Date of Injury:	04/12/2005
Decision Date:	01/20/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/21/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 is a male patient with a date of injury of April 12, 2005. A utilization review determination dated October 20, 2014 recommends non-certification of comprehensive molecular diagnostic testing with submitted diagnosis of retained orthopedic hardware of left humerus. A progress note dated October 9, 2014 identifies subjective complaints of moderate arm pain. The physical examination of the left upper extremity reveals tenderness of the left humerus with swelling, granuloma tissue on the anterior aspect of the incision with serous drainage noted. The diagnosis is retained orthopedic hardware. The treatment plan recommends a surgical procedure to be done on October 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Molecular Diagnostic Testing with submitted diagnosis of retained orthopedic hardware left humerus: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracquides.org/Elbow;Table 2, Summary of Recommendations, Elbow Disorders>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: <http://labtestsonline.org/understanding/analytes/cbc/tab/test>,
<http://labtestsonline.org/understanding/analytes/urinalysis/tab/test>,
<http://labtestsonline.org/understanding/analytes/liver-panel/tab/test>
<http://www.ncbi.nlm.nih.gov/pubmed/?term=Comprehensive+Molecular+Diagnostic>

Decision rationale: Regarding the request for comprehensive molecular diagnostic testing with submitted diagnosis of retained orthopedic hardware left humerus, California MTUS does not address the issue. There is support for periodic testing for patients utilizing chronic medications in order to evaluate for damage to organs such as the kidneys and liver. The National Library of Medicine did not identify any studies supporting the use of this testing in patients with the listed diagnoses. Within the documentation available for review, there is no statement indicating the purpose of the molecular test and how the results of the test will change the patient's current treatment plan. In light of the above issues, the currently requested comprehensive molecular diagnostic testing with submitted diagnosis of retained orthopedic hardware left humerus is not medically necessary.