MAXIMUS Federal Services

Case Number:	CM14-0196285		
Date Assigned:	12/04/2014	Date of Injury:	01/21/2000
Decision Date:	01/26/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational 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 56 year old male sustained a work related injury on 1/21/2000. The current diagnoses are chondromalacia of the right and left patellofemoral joints, early degenerative joint disease of the right and left tibiofibular joints, and rule out internal derangement. According to the progress report dated 9/29/2014, the injured workers chief complaints were bilateral knee pain, 8/10 on a subjective pain scale. He has difficulties with stiffness, swelling, popping, and giving way. The injured worker reported that his condition has progressively worsened over the past several years. The physical examination revealed crepitus at the patellofemoral joint. There is a positive patellofemoral grind test. Range of motion is from 0-120 degrees. He is very tender along the medial joint line with mild varus deformity. No joint effusion or soft tissue swelling noted. Current medications include Celebrex, Tizanidine, Clonopin, Norco, Humalog, and Actos. On this date, the treating physician prescribed comprehensive molecular diagnostic testing, which is now under review. In addition to comprehensive molecular diagnostic testing, the treatment plan included urinalysis, Terocin, analgesic creams, Terocin patches, and MRI of the bilateral knees. When comprehensive molecular diagnostic testing was first prescribed work status was permanent and stationary.On 10/27/2014, Utilization Review had non-certified a prescription for comprehensive molecular diagnostic testing. The comprehensive molecular testing was non-certified based on the cited guidelines. The Official Disability Guidelines were cited.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

Decision rationale: There is currently no evidence-based, peer-reviewed guidelines recommending genetic testing to determine hereditary predisposition to the addiction of narcotics. There is currently no evidence-based guideline supporting that the knowledge of a patient's genetic propensity to addiction would change or guide the treatment in any way. A similar situation using cytokine DNA testing for pain is referenced in the MTUS Chronic Pain guidelines and is not recommended. Comprehensive Molecular Diagnostic Testing is not medically necessary.