

Case Number:	CM14-0203518		
Date Assigned:	12/16/2014	Date of Injury:	09/19/2008
Decision Date:	02/04/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice 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 injured worker's date of injury is 09/19/2008. Documentation regarding the original injury was not provided. This patient receives treatment for chronic right shoulder, wrist and hand pain. Therapeutic modalities given to the patient include physical therapy, chiropractic, acupuncture, and cortisone injections. The patient underwent right shoulder manipulation under anesthesia and arthroscopic right shoulder surgery. Medications prescribed include Xanax, Prilosec, Norco, and Ambien. The medical diagnoses include right wrist sprain, right hand sprain, right elbow sprain, and right shoulder sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA Medicated Collection Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, genetic testing for potential opioid abuse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Genetic counseling and testing, by Benjamin Raby, MD; UpToDate.com

Decision rationale: The treating physician recommends DNA testing from a buccal swab "to get a genetic profile." The reason for doing this "to detect small differences in DNA which can affect the ways drugs work and are metabolized in patient's body and detect potential side effects." Precisely what this clinician is looking for and precisely why this study is needed is not stated at all. Genetic testing is not covered in the MTUS guidelines. This review is based on an overview of genetic testing from a well-respected medical source, UpToDate. Genetic testing maybe appropriate for patients suspected of having an inherited disease with adult onset for which counseling may be appropriate at the time of family planning. In addition, there are some cancers, such as breast cancer positive for the BRCA gene, for which genetic testing for this marker maybe medically appropriate for female offspring. For this patient with chronic shoulder pain, genetic testing is not medically indicated. This request is not medically necessary.