MAXIMUS Federal Services

Case Number:	CM14-0211791		
Date Assigned:	12/24/2014	Date of Injury:	12/22/1997
Decision Date:	03/03/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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, Arizona
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 54-year-old male who reported an injury on 12/22/1997. The mechanism of injury was not provided. Diagnoses were compression/contusion injury of the left knee with chronic pain rule out internal derangement. Clinical note dated 11/05/2014, noted the injured worker complains of mild intermittent bilateral knee pain increased with activity. The injured worker has had intra-articular injections 2 weeks prior to help with pain. Prior therapy included medications, transdermal creams and lidocaine patches. Examination of the left knee revealed decreased range of motion and tenderness noted. Medications included naproxen 550 mg, tramadol ER 150 mg, and transdermal cream of cyclobenzaprine 2%. The provider recommended a Retrospective Review of Advanced DNA Test #2 (DOS 10/20/14). The request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Review of Advanced DNA Test #2 (DOS 10/20/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for pain Page(s): 42.

Decision rationale: The request for Retrospective Review of Advanced DNA Test #2 (DOS 10/20/14) is not medically necessary. The California MTUS Guidelines state DNA tests in chronic pain is not recommend as there is no current evidence to support the use for the diagnosis of pain, including chronic pain. A complete and adequate pain assessment was not provided for review. Additionally, there is no rationale provided for the requested service. As such medical necessity has not been established.