

Case Number:	CM15-0006183		
Date Assigned:	03/03/2015	Date of Injury:	05/22/2011
Decision Date:	04/03/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 51 year old male, who sustained an industrial injury on 5/22/2011. The mechanism of injury was not provided. Diagnoses include right shoulder impingement, right shoulder/arm sprain/strain, elbow/forearm, sprain/strain, neck sprain and wrist sprain. Treatments to date include right shoulder arthroscopy with synovectomy, right hand surgery with multiple hardware removal surgeries, physical therapy and medication management. A progress note from the treating provider dated 11/7/2014 indicates the injured worker reported cervical pain and right shoulder and lower arm pain. On 12/16/2014, Utilization Review non-certified the request for Pharmacogenetics testing, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacogenetic testing {CYP 2C19 CYP 2C9 2D6 CYP 34A/345 VKORC1, Factor II, Factor V and Mthfr (DNA)}: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Pharmacogenetics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, pharmacogenetics testing CYP 2 C19 CYP 2C9 2 D6 CYP 34A/345 VK OR C1 factor 2, factor 5 MTHFR DNA is not medically necessary. The guidelines do not recommend pharmacogenetics testing. Testing is not recommended except in a research setting. For additional details see the ODG. In this case, the injured worker's working diagnoses are hand written and illegible. This documentation appears on November 7, 2014 progress note. There is no clinical indication or rationale in the record for pharmacogenetics testing. Moreover, the guidelines do not recommend pharmacogenetics testing. Consequently, absent compelling clinical documentation, pharmacogenetics testing CYP 2 C19 CYP 2C9 2 D6 CYP 34A/345 VK OR C1 factor 2, factor 5 MTHFR DNA is not medically necessary.