

Case Number:	CM15-0006868		
Date Assigned:	01/26/2015	Date of Injury:	10/02/2014
Decision Date:	03/13/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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 55 year old male, who sustained an industrial injury on October 2, 2012. He has reported bilateral wrist pain. The diagnoses have included complex volar laceration right distal forearm with prior laceration with tendon repair, bilateral hand sprain/strain, carpal tunnel syndrome and sexual impairment. Currently, the IW complains of increased pain in bilateral wrist with positive Tinel's and Phalen's test. Treatment includes oral medication and request for bilateral carpal tunnel release. On December 15, 2014 utilization review non-certified a request for DNA profile bilateral upper extremity, noting the guidelines do not support DNA testing. The Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA Profile: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Page(s): 42. Decision based on Non-MTUS Citation Pain section, DNA Cytokine

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, DNA profile is not medically necessary. Cytokine DNA testing is not recommended. There is no current evidence to support the use of cytokine DNA testing in the diagnosis of pain, including chronic pain. This specific test for cytokine DNA testing has been performed by the cytokine Institute. Two articles were found on the website. However, these articles do not meet the minimum standards for inclusion evidence-based review. In this case, the injured worker's working diagnoses are complex volar laceration, right distal forearm with prior laceration with tendon repair; right hand sprain/strain; bilateral carpal tunnel syndrome; left hand sprain/strain; right hand sprain/strain; and sexual impairment. Subjectively, the injured worker complains of right and left wrist pain and hand pain with numbness. Objectively there is tenderness palpation over the triangular fibrocartilage on the right. There is positive to Tinel's and Phalen sign over the carpal region. Cytokine DNA testing is not recommended. There is no current evidence to support use of cytokine DNA testing in the diagnosis of pain, including chronic pain. Consequently, cytokine DNA testing for chronic pain is not recommended and, therefore, is not medically necessary.