

Case Number:	CM15-0023670		
Date Assigned:	02/13/2015	Date of Injury:	10/16/2013
Decision Date:	04/16/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 16, 2013. The diagnoses have included history of specific work related injury to the left upper extremity and status post left hand/finger surgery June 11, 2014 with residuals of stiff hand/finger syndrome. Treatment to date has included occupational therapy that is helping, home treatments include stretching, moist heat and squeezing daily, genetic testing for drug metabolism on September 26, 2014 was normal and there was no need to increase medications and on December 1, 2014 X-ray of left hand was done. Currently, the injured worker complains of stiffness and frequent severe pain of the left hand and fingers, he reports the lumps on my knuckles are getting bigger, lifting and squeezing increase pain. In a progress note dated December 3, 2014, the treating provider reports decreased range of motion of the left hand and tenderness. On January 5, 2015 Utilization Review non-certified a Retro hepatic liver test to include Albumin, Bilirubin total and indirect, Phosphatase, alkaline, Total protein, ALT, SGPT, AST, SGOT, and retro genetic testing kit number two, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro genetic testing kit #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 Official Disability Guidelines (ODG) Drug metabolism teting.

Decision rationale: According to the Official Disability Guidelines (ODG), genetic testing for potential opioids abuse in "not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addition and for clearer understanding of their role in different populations." The Drug Metabolism Testing is not medically necessary.

Retro hepatic liver test to include Albumin, Bilirubin total and indirect, Phosphatase, alkaline, Total protein, ALT, SGPT, AST, SGOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

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

Decision rationale: Per ODG TWC, "preoperative lab testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment." Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. The documentation provided for review does not indicate that the injured worker has any comorbidity that necessitates LFT labs. This request is not medically necessary.