

<b>Case Number:</b>	CM14-0132940		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/14/2009
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Orthopedic Surgery, and is licensed to practice in Texas. 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 50-year-old male sustained an industrial injury on 9/14/09. The mechanism of injury was not documented. The 2/11/13 right shoulder magnetic resonance imaging scan documented a high-grade partial thickness distal supraspinatus tear with medial retraction of the torn fibers and a partial thickness distal infraspinatus tear. There was glenohumeral joint effusion and fluid within the subacromial/subdeltoid space, subscapularis tendinosis, acromioclavicular degenerative joint disease, and a subchondral cyst within the humeral head. A right shoulder arthroscopy with synovectomy, lysis of adhesions, distal clavicle excision, subacromial decompression, debridement of superior labrum anterior and posterior tear, and rotator cuff repair was performed on 2/20/14. The 6/17/14 orthopedic surgery report cited subjective complaints of grade 1-4/10 headaches, grade 4-5/10 neck and upper back pain, grade 2/10 mid and low back pain, and grade 4-6/10 bilateral shoulder pain. Pain was associated with weakness in the arms, hands, and feet, numbness in the fingers, and popping in the elbows. Pain radiated to the right arm, elbow, knee, feet, and ankle. Symptoms are aggravated by overhead reaching, lifting, pushing, pulling, twisting, kneeling, walking and sitting. Shoulder exam documented tenderness to palpation over the acromioclavicular joint and range of motion limited by pain. Right shoulder range of motion was flexion 130, extension 30, abduction 90, adduction 50, and internal/external rotation 60 degrees. He continued to see a pain management physician and a chiropractor. Additional physical therapy was requested. The 7/15/14 orthopedic surgery report indicated the injured worker was doing well and had completed 16 post-op physical therapy visits. Right shoulder range of motion testing noted flexion 150, external rotation 80 and internal rotation 60 degrees. Manual muscle testing documented 4+/5 strength. The treatment plan recommended continued physical therapy to increase range of motion and for strengthening. The

7/23/14 utilization review denied the 7/18/14 request for deoxyribonucleic acid testing as there was no clinical indication or guideline support for this type of testing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Advanced DNA medication collection kit-right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not recommend Cytokine Deoxyribonucleic Acid testing for pain. Guidelines state there is no current evidence to support the use of Cytokine Deoxyribonucleic acid testing for the diagnosis of pain, including chronic pain. There is no injured worker-specific rationale presented to support the medical necessity of deoxyribonucleic acid testing in the absence of guideline support. Therefore, this request is not medically necessary.