

Case Number:	CM14-0180281		
Date Assigned:	11/04/2014	Date of Injury:	08/21/2005
Decision Date:	12/17/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 62 year-old male with date of injury 08/21/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/06/2014, lists subjective complaints as pain in the right knee. Patient is status post two right knee arthroscopic surgeries (dates not provided). Objective findings: Examination of the right knee revealed normal deep tendon reflexes, normal coordination and normal sensation. There is moderate tenderness to palpation about the lateral and medial aspect and over the patellofemoral joint. Range of motion was flexion 100 degrees and extension 0 degrees. No notable instability. There are positive McMurray and Patellar Grind tests. Diagnosis: 1. Primary local osteoarthritis, lower leg 2. Degenerative lumbosacral intervertebral disc 3. Displacement lumbar disc without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive molecular diagnostic testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

Decision rationale: There is currently no evidence-based, peer-reviewed guidelines recommending genetic testing to determine hereditary predisposition to the addiction of narcotics. There is currently no evidence-based guideline supporting that the knowledge of a patient's genetic propensity to addiction would change or guide the treatment in any way. A similar situation using cytokine DNA testing for pain is referenced in the MTUS Chronic Pain guidelines and is not recommended. Comprehensive molecular diagnostic testing is not medically necessary.