

<b>Case Number:</b>	CM14-0080644		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/27/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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:

This 44 year-old male assistant manager sustained an injury to his left foot and ankle, twisting it while walking into the refrigerator on 1/27/13 during employment with [REDACTED]. Request(s) under consideration include Non-Invasive DNA Test. Report of 11/15/13 noted MRI of left ankle with findings suggestive of tenosynovitis; degenerative spurring about the talonavicular and naviculocuneiform joints. Diagnoses include Left ankle trauma/sprain; bilateral wrist and hand pain, evaluate for CTS, and peroneal tendinitis. Report of 2/14/14 from the provider noted re-injury of ankle on 12/24/13 with pain rated at 3-5/10. Swelling was noted to be reduced with compression, bracing, and physical therapy. Exam showed mild swelling of anterior ankle with some boggy edema, pain with ROM activity and weakness/instability when walking. Report of 3/14/14 noted cervical spine pain complaints rated at 6/10 radiating to bilateral shoulders, constant in nature and increased with repetitive movements. Exam showed tenderness to wrists and palmar side of thumbs/thenars; end range of motion wrist pain. Impression was bilateral wrist/hand sprain/strain rule out CTS. Hand-written report of 5/8/14 noted right shoulder pain rated at 6/10 radiating to wrists/hands associated with numbness. Exam showed positive Spurling's test in cervical spine with hypoesthesia to both hands. There was no mention of indication or specifics for DNA testing. Request(s) for Non-Invasive DNA Test was non-certified on 5/29/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Non-Invasive DNA Test:** 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 Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Cytokine DNA Testing, page 709: Not recommended.

**Decision rationale:** This 44 year-old male assistant manager sustained an injury to his left foot and ankle, twisting it while walking into the refrigerator on 1/27/13 during employment with [REDACTED]. Request(s) under consideration include Non-Invasive DNA Test. Report of 11/15/13 noted MRI of left ankle with findings suggestive of tenosynovitis; degenerative spurring about the talonavicular and naviculocuneiform joints. Diagnoses include Left ankle trauma/sprain; bilateral wrist and hand pain, evaluate for CTS, and peroneal tendinitis. Report of 2/14/14 from the provider noted re-injury of ankle on 12/24/13 with pain rated at 3-5/10. Swelling was noted to be reduced with compression, bracing, and physical therapy. Exam showed mild swelling of anterior ankle with some boggy edema, pain with ROM activity and weakness/instability when walking. Report of 3/14/14 noted cervical spine pain complaints rated at 6/10 radiating to bilateral shoulders, constant in nature and increased with repetitive movements. Exam showed tenderness to wrists and palmar side of thumbs/thenars; end range of motion wrist pain. Impression was bilateral wrist/hand sprain/strain rule out CTS. Hand-written report of 5/8/14 noted right shoulder pain rated at 6/10 radiating to wrists/hands associated with numbness. Exam showed positive Spurling's test in cervical spine with hypoesthesia to both hands. There was no mention of indication or specifics for justification of DNA testing. It is unclear what type of DNA testing is being requested. Submitted reports have not adequately demonstrated clear indication or support for non-evidence-based diagnostic DNA testing outside guidelines criteria. Per Guidelines, Cytokine DNA testing is not recommended as scientific evidence is insufficient to support its use in the diagnosis of chronic pain. The request for a Non-Invasive DNA Test is not medically necessary.