

Case Number:	CM14-0089714		
Date Assigned:	07/23/2014	Date of Injury:	06/13/2013
Decision Date:	09/19/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/13/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 60 year old female who sustained an injury to her right knee on 06/13/13 while trying to jump up and reach a box of gloves in a staging area. She stated that when she landed back on her feet, she experienced an immediate onset of pain in her right knee. She stated that she had both medial and lateral pain with associated swelling. Treatment to date has included Naprosyn, knee brace and several visits of physical therapy. An MRI of the right knee was performed and the treating physician told the injured worker that she had a medial meniscus tear along with some arthritis. Clinical note dated 04/08/14, reported that the injured worker continued to complain of right knee pain at 4-7/10 Visual Analog Scale (VAS). Physical examination of the right knee noted very trace effusion and swelling; full extension of 0 degrees; full flexion of 135 degrees; no pain on extension, but does have pain on flexion; no malalignment and both knees appear normal; right knee has surprisingly little medial tenderness; no specific anterior, lateral or posterior tenderness; pain on flexion that is increased medially on rotation; no instability, very trace anterior drawer sign compared to the left knee, but probably 1/2 very minimal; no posterior drawer; and no medial or lateral laxity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

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

Decision rationale: The request for DNA testing is not medically necessary. The previous request was denied on the basis that there is no current evidence to support the use of DNA testing for the diagnosis of pain, including chronic pain. The specific test for cytokine DNA testing is performed by the Cytokine Institute. Two articles were found on their website; however, these articles did not meet the minimum standards for inclusion for evidence-based review. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for DNA testing is not medically necessary.