

Case Number:	CM14-0094002		
Date Assigned:	07/25/2014	Date of Injury:	08/11/2010
Decision Date:	09/25/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 71-year-old individual was reportedly injured on August 11, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 11, 2014, indicated that there were ongoing complaints of knee pain. The physical examination demonstrated a decrease in a range of motion, tenderness to palpation, and the remainder of the note was handwritten and illegible. Diagnostic imaging studies objectified a postoperative wound infection and marked degenerative changes. Previous treatment included arthroscopic surgery and/or infection management. A request had been made for PGT testing and was not certified in the pre-authorization process on June 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacogenetic Testing (PGT) for narcotic metabolism: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42 of 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend cytokine DNA testing for the diagnosis of pain, including chronic pain. The progress notes, presented for review, noted the medication tramadol was refilled, and there is no narrative presented as to why such testing would be clinically indicated. As such, the request for Pharmacogenetic Testing (PGT) for narcotic metabolism is not medically necessary or appropriate.