

Case Number:	CM14-0199482		
Date Assigned:	12/09/2014	Date of Injury:	07/24/2011
Decision Date:	01/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 52-year-old female with a date of injury of 07/24/2011. According to progress report dated 08/21/2014, the patient presents with complaints of intractable knee pain due to work injury. The patient continues to utilize pain medication and uses crutches for ambulation. Associated symptoms include slight tingling, waking up at night, and headaches. Patient's current medication regimen includes omeprazole, tramadol, ibuprofen, Vicodin, Sprix. Physical examination revealed "General Appearance: WN/WD, good grooming, and personal hygiene. Mental status: Normal mood and affect." The listed diagnoses are: 1. Meniscus tear, medial left. 2. Sprain/strain of the knee/leg, right. 3. Impingement syndrome, right. 4. PN, carpal tunnel syndrome, bilateral. 5. Epicondylitis, lateral, right. 6. Mononeuritis multiplex, rule out pronator, supinator tunnel syndrome, right. It was noted the patient is status post 2 days from left knee arthroscopy. Dressings were changed on this date, and wounds were cleaned with no evidence of infection noted. Treatment plan was for patient to continue with medications and start ASA and Fioricet capsule. Patient is temporarily totally disabled and to remain off work until next evaluation. Utilization review discusses a letter of medical necessity, dated 09/26/2014, which was not provided for my review. According to this report, the physician states that, "A comprehensive molecular diagnostic testing is recommended by FDA and [REDACTED] for a number of drugs commonly prescribed in the treatment of a broad range of work-related injuries." The utilization review denied the request on 11/13/2014. Treatment reports from 05/19/2014 through 08/21/2014 were provided for review.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter; Cytokine DNA testing

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 has the following regarding Genetic Testing for potential opiate abuse.

Decision rationale: This patient is status post left knee arthroscopic medial and lateral meniscectomy on 08/19/2014. The current request is for a comprehensive molecular diagnostic testing. The utilization review denied the request stating that "Given the investigational nature of this testing and the lack of clinical care guidelines for the practice of pain medicine, this request is not supported as medically necessary." Comprehensive molecular diagnostic refers to genetic testings. The treating physician appears to be requesting DNA testing to assess for predisposed genetics. The MTUS and ACOEM Guidelines do not discuss genetic testing. However, ODG Guidelines under its Pain Chapter has the following regarding Genetic Testing for potential opiate abuse, "not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent with inadequate statistics and largely phenotype range." The requested testing is not medically necessary.