

Case Number:	CM14-0215223		
Date Assigned:	01/02/2015	Date of Injury:	04/28/2013
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female with date of injury of 04/25/2013. The listed diagnoses from 11/18/2014 are: 1. Pain in the joint, hand. 2. Osteoarthritis, knee. According to this report, the patient has completed an upper extremity EMG that showed some degree of carpal tunnel bilaterally. The patient is clinically unchanged. The treater has discussed options of treatment including intraarticular/CMC joint, cortisone injection under ultrasound and fluoroscopy. The objective findings note an MRI of the right hand that showed moderate to severe first carpometacarpal joint arthrosis with full thickness and chondral loss and moderate underlying bone marrow edema. The MRI is consistent with the patient's clinical presentation and physical exam. No other findings were noted on this report. Treatment reports from 06/26/2014 to 11/18/2014 were provided for review. The utilization review denied the request on 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYP-450 Drug Sensitivity Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain chapter on cytokine DNA testing

Decision rationale: This patient presents with bilateral carpal tunnel symptoms. The treater is requesting CYP-450 Drug Sensitivity Test. The MTUS and ACOEM Guidelines do not discuss genetic testing. However, ODG Guidelines under the pain chapter on cytokine DNA testing states, "Not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokine is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation, and it is commonly understood that inflammation plays a key role in injuries in chronic pain." Based on ODG, there does not appear to be any support for DNA testing for medication management as of yet. The request is not medically necessary.