

Case Number:	CM15-0001633		
Date Assigned:	01/12/2015	Date of Injury:	04/28/2010
Decision Date:	03/05/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 58 year old male with a date of injury of April 28, 2009. The mechanism of injury is not included in records reviewed. Diagnoses include: right shoulder adhesive capsulitis, left shoulder rotator cuff tendinitis tear, lateral epicondylitis of the right elbow, and degenerative joint disease. The IW was status post bilateral carpal tunnel release surgery and right rotator cuff repair. Other past medical history included anxiety, depression, and insomnia. A primary treating physician's report dated 9/22/2014 states the IW continues to have left shoulder, cervical spin, and bilateral knee pain. His physical examination was notable for decreased extension of the left shoulder, tenderness with palpation of the humerus with subacromial grinding and clicking. The IW had a positive impingement test. Authorization for shoulder arthroscopy was pending.

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 Cytokine, DNA testing for pain Page(s): 42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

Decision rationale: CA MTUS chronic pain guidelines state that cytokine DNA testing for pain is not recommended. The guidelines state "there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain." The request is for a series or DNA testing for a series of genes that are involved in inflammation and perhaps chronic pain. This request is not supported but the guidelines and the request in not medically necessary.