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| Case Number: | CM14-0103323 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 10/15/2012 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 06/24/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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 Family 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 46 year old male who reported an injury to his right knee. The clinical note dated 04/04/14 indicates the injured worker complaining of right knee pain. The note does indicate the injured worker having undergone an arthroscopic procedure on 03/21/14. The injured worker was also identified as having a repeat tear of the medial meniscus which resected at that time. Debridement of the lateral meniscus was also completed. The note does indicate the injured worker able to demonstrate 0-120 degrees of range of motion at the right knee at that time. The clinical note dated 05/05/14 indicates the injured worker having difficulty sleeping secondary to the knee pain. The injured worker was demonstrating an increase in range of motion up to 130 degrees of flexion. The injured worker's wounds were healing nicely with no signs of infection. The clinical note dated 07/14/14 indicates the injured worker having completed 14 physical therapy sessions to date. There is an indication the injured worker was experiencing pain with climbing and descending stairs. The note does indicate the injured worker self-treating with icing of the knee as well as modified activities. The utilization review dated 06/24/14 resulted in denial for DNA testing as no high quality studies have been published in peer reviewed literature supporting the test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory Test: Genetic Metabolism 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 Other Medical Treatment Guideline or Medical Evidence: 1.) Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.) Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for a laboratory test genetic metabolism test is not medically necessary. The documentation indicates the injured worker complaining of right knee pain. No high quality studies have been published in peer reviewed literature supporting the safety and efficacy of the use of genetic metabolic testing. Therefore, without supporting evidence in place, this request of Laboratory Test: Genetic Metabolism Test is not medically necessary and appropriate.