MAXIMUS Federal Services

Case Number:	CM14-0126052		
Date Assigned:	09/24/2014	Date of Injury:	04/04/2012
Decision Date:	11/30/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/08/2014

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: Preventive Medicine, Occupational 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 is a 48 year old male who sustained an industrial injury on 04-04-2012. Medical records indicated the worker was treated for bilateral wrist and hand pain, bilateral knee pain greater to the left knee in addition to lower back pain. He is positive for bilateral carpal tunnel syndrome per EMG and NCS. In the provider notes of 05-31-2015, the injured worker is seen in follow up from his visit of 04-19 -2015 with continued complaint of bilateral wrist and hand pain as well as bilateral knee pain. On examination of the wrists, there is no swelling. He has tenderness on palpation bilaterally, especially on radial deviation. Tinel's test is positive on the Median, Ulnar and Radial nerves. Finkelstein's test is positive, and Phalen's test is positive. Bracelet test is positive. Examination of the lumbar spine noted normal lordosis with no scoliosis of kyphosis. He had paraspinous tenderness on palpation of the lumbar spine. Range of motion testing of the lumbar spine showed slightly diminished range of motion in all planes. Straight leg test was negative bilaterally. The knees had scar tissue and mild swelling. Tenderness was noted on both knees. Motor strength was slightly diminished, and range of motion was equally diminished in both knees. Compression test, grinding test, and drawer test are positive bilaterally. Diagnoses include status post arthroscopy of both knees May 2012 and September 2012 due to meniscus tear, Bilateral knee internal derangement, Left knee posterior medial meniscus tear, Bilateral wrist-hand avascular necrosis with subchondral cyst, Bilateral carpal tunnel syndrome of both wrists, and lumbar spine disc syndrome without myelopathy. The worker in May was still pending and awaiting surgery for carpal tunnel and for his left knee. The worker is using topical compounds and transdermal medications for pain. There is no rating

of the level of the worker's pain or how well these medications are helping him cope (or not cope) with his pain. Urine toxicology screen was recommended for diversion and compliance. A request for authorization was submitted for DNA Testing. A utilization review decision 07/18/2014 non-approved the request.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines treatment index 11th edition (web) 2013 Cytokine DNA Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cytokine DNA Testing for Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Cytokine DNA Testing Section.

Decision rationale: Per MTUS guidelines and the ODG, DNA testing is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Therefore, the request for DNA Testing is not medically necessary.