

<b>Case Number:</b>	CM13-0040760		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/21/2006
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Rhode Island. 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 physician 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 reported with a date of injury of 4/21/06. The patient has unclear mode of injury. He has sustained right shoulder and elbow pain along with depression. He had an evaluation on 8/23/13 which addressed the joint problems. A review of the visits does not indicate any symptoms of chest pain, dyspnea, exertional symptoms. No history of cardiac or pulmonary disease. No episodes of hypotension or vaso-vagal syncope or symptoms of lightheadedness. No history of diabetes or neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardio-Respiratory/Autonomic Function Assessment (1) Cardovagal innervations and heart-rate variability (parasympathetic innervations) (2) Adrenergic: beat to beat blood pressure responses to the Valsalva maneuver sustained hand drip and BP and HR responses and (3) EKG: 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) Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The medical record indicates no reason for the requested testing. He has no cardiopulmonary symptoms or exam findings. He has no history of cardiopulmonary problems or diseases. He has no history of diabetes or peripheral or other neuropathy. There is no medical indication or medical necessity for the above tests. There are no guidelines for the above tests.