

Case Number:	CM14-0132990		
Date Assigned:	08/22/2014	Date of Injury:	04/03/2013
Decision Date:	09/25/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/19/2014

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 Occupational 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 was injured on 04/03/13. Cardiorespiratory or autonomic function assessments, including cardio vagal innervation and heart rate variability, adrenergic, and echocardiogram are all under review. The injured worker injured his bilateral wrists and elbows due to repetitive work. He is status post neuroplasty of the ulnar nerve at the elbow, internal neurolysis of the ulnar nerve at the cubital tunnel, medial epicondylectomy, neuroplasty of the ulnar nerve at the wrist, and internal neurolysis of the ulnar nerve at Guyon's canal. He has had neuroplasty of the median nerve at the wrist, flexor tenosynovectomy, and internal neurolysis of the median nerve at the carpal tunnel, and application of a long cast splint on 01/24/14. He had the same procedure on the left at in March 2014 and had EMG nerve conduction studies of the bilateral upper extremities prior to the surgical procedures. He saw [REDACTED] on 03/10/14. He was to start PT/OT. Preop examination revealed no cardiac disease, hypertension, diabetes, renal disease, liver disease, or respiratory disease per the anesthesiologist on 01/24/14. EKG showed sinus rhythm. BP was variable but within normal limits to mildly elevated and heart rate was normal to mildly elevated during his surgery and he was discharged home. He had bilateral Tinel's signs and positive Mills test on 06/19/14. The treatment plan included a medication consultation, x-rays of the bilateral wrists and elbows, cardiorespiratory testing and physical therapy, functional capacity evaluation, and bilateral wrist braces. On 06/24/14, urine toxicology screen revealed the presence of Alprazolam and Hydrocodone. He saw [REDACTED] and was to continue home strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-Respiratory or Autonomic Function Assessment (Cardio Vagal Innervation and Heart-Rate Variability, Adrenergic and Echocardiogram): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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:<https://www.aan.com/Guidelines/Home/GetGuidelineContent/39>; Harrison's Principles of Internal Medicine, Cardiology/Heart Disease Chapters.

Decision rationale: The history and documentation do not objectively support the request for Cardio-Respiratory or Autonomic Function Assessment (Cardio Vagal Innervation and Heart-Rate Variability, Adrenergic) or an echocardiogram. These studies are recommended for the evaluation and monitoring of autonomic neuropathy but it is not clear in this case whether this disorder is being evaluated and monitored. The injured worker has no complaints noted in the records of cardiac symptoms and during his surgery as his vital signs were essentially unremarkable with some elevation of heart rate. The MTUS do not address this type of testing and the above report states regarding "cardiovagal heart rate tests, test heart rate response to deep breathing. This test approaches the optimal test for cardiovagal function. Both the afferent and efferent pathways are vagal. The end point is the maximal HR variability obtained under laboratory conditions, where the confounding variables of age, rate, and depth of respiration were controlled." In addition, Harrison's Principles of Internal Medicine support proceeding with an echocardiogram when symptoms or signs are apparent for which structural abnormalities of the heart are suspected. There is no evidence in the records of any abnormalities of the structures of the heart, including the valves, atria, ventricles, or the great vessels. As such, this request is not medically necessary. In addition, Harrison's Principles of Internal Medicine support proceeding with an echocardiogram when symptoms or signs are apparent for which structural abnormalities of the heart are suspected. There is no evidence in the records of any abnormalities of the structures of the heart including the valves, atria, ventricles, or the great vessels. Again, the medical necessity of this request has not been clearly demonstrated.