MAXIMUS Federal Services

Case Number:	CM14-0040561		
Date Assigned:	04/28/2014	Date of Injury:	01/26/2012
Decision Date:	07/07/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/05/2014

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 Internal 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 50-year-old male standing injury to his left hand on 01/26/12 when his fourth and fifth fingers of the left hand got caught between an electric forklift and a metal rack, crushing them. There was immediate pain, swelling and blood noted. He was taken to the emergency room where he was given x-rays, injections and 32 stitches. He was in the cast and return to light-duty. There was no light-duty available, so he was taken off work. He subsequently underwent 2-3 procedures. He's had surgery and postoperative physical therapy. He was given medication and believes that he will be released in the near future. A progress report dated 11/26/13 reported that as part of the follow-up evaluation, the injured worker was ordered to perform cardiorespiratory diagnostic testing, pulmonary and respiratory diagnostic testing including a sleep disorder breathing study in order to objectively measure the injured worker's respiratory functioning and screen for any signs/symptoms arising out of the industrial injury that are going to be enforced or aggravated by pulmonary and/or respiratory abnormalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARDIO-RESPIRATORY DIAGNOSTIC STUDY: 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 Official Disability Guidelines (ODG) Pulmonary chapter, Pulmonary function testing.

Decision rationale: The request for cardiorespiratory diagnostic studies is not medically necessary. The previous request was denied on the basis that the injured worker was not noted to have a diagnosis of diabetic neuropathy and there was no documentation that the injured worker has undergone electrodiagnostic testing or quantitative sensory testing documenting findings of peripheral neuropathy of the left upper extremity, the need for functional autonomic testing had not been established. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, medical necessity of the request for cardiorespiratory diagnostic study has not been established. Therefore, the request for Cardio-respiratory diagnostic study is not medically necessary and appropriate.

AUTONOMIC FUNCTION ASSESSMENT: 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 Official Disability Guidelines (ODG) Pain chapter, Polysomnography.

Decision rationale: The request for autonomy function assessment is not medically necessary. There was no information provided that would indicate the injured has been diagnosed with insomnia or has had insomnia for at least six months. There was no additional significant objective clinical information provided that would indicate that the requested study is casually related to the left hand crushing injury. Given the clinical documentation submitted for review, medical necessity of the request for autonomy function assessment has not been established. Therefore, the request for autonomic function assessment is not medically necessary and appropriate.