

Case Number:	CM14-0056023		
Date Assigned:	07/09/2014	Date of Injury:	06/30/2010
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/25/2014

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:

This is a 66 year old male who reported an industrial injury on 6/30/2010, over four years ago, attributed to the performance of his customary job tasks reported as getting caught between a cart and a wall with reported injuries to the right lower extremity (RLE); shoulder and elbow. The patient has been receiving chiropractic care directed to the neck and back. The patient has received imaging studies; physical therapy (PT); chiropractic care/CMT; acupuncture; Cervical Epidural Steroid Injection (CESI); right knee Arthroscopy with medial meniscectomy; Shoulder Arthroscopy for Degenerative joint disease (DJD); and a Functional Capacity Evaluation (FCE). The patient was noted to complain of neck pain, right shoulder pain, wrist pain, knee pain, ankle pain, with loss of sleep, depression and anxiety. The objective findings on examination included a normal cervical spine range of motion; positive frame of compression; right shoulder with decreased range of motion; right wrist with normal range of motion; positive Phalen's test; right knee with mildly decreased range of motion; positive McMurray. The patient was noted to have undergone a cardio respiratory ANS test, noting autonomic nervous system dysfunction. A recommendation was made for cardio-respiratory autonomic function assessment to be repeated every three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardio-Respiratory Autonomic Function: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 87-88.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 87-88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary chapter PFTs and Other Medical Treatment Guideline or Medical Evidence: Disciplinary Guidelines for the general practice of medicine.

Decision rationale: The CA MTUS; ACOEM Guidelines; and the ODG are silent as to the medical necessity of the requested cardio-respiratory autonomic function testing. The testing is a screening test for underlying comorbidities. Medical necessity would have to be supported with objective evidence and a rationale by the requesting physician. The screening examination testing is ordered as a screening study to rule out RPA, Sleep Disordered Breathing (SDB), Obstructive Sleep Apnea (OSA), and CSR are screening studies to rule out pathology with no documented nexus to the cited mechanism of injury. The requested screening tests to rule out pathology are not medically necessary. The requested cardio-respiratory diagnostic testing to rule out cardiac dysfunction is not demonstrated to be medically necessary and there is no demonstrated nexus to the cited mechanism of injury. The testing is not appropriately requested by a specialist demonstrating a nexus to the direct and temporal effects of the industrial injury. There is no rationale supported with objective evidence provided by the requesting physician. There is no provided rationale supported with objective evidence and a nexus to the cited date of injury for the requested cardio-respiratory studies to rule out RPA, SDB, OSA, and CSR. There is no demonstrated medical necessity supported with objective evidence and a nexus to the cited date of injury for the requested cardiac respiratory diagnostic testing. The request is not made by a medical specialist evaluating effects of the cited industrial injury with documented objective findings on examination to support medical necessity. There is no objective evidence of any pulmonary or cardiac injury as a result of the DOI. The patient is not noted to have dyspnea or shortness of breath. There is no noted etiology or cause with the Pulmonary Function Test (PFT) being provided as screening testing. There is no nexus to the cited mechanism of injury to the back to the requested pulmonary testing including spirometry; Electrocardiogram (EKG) and PFTs. There is no documentation of any objective findings to the pulmonary system or lung examination in the provided objective findings on examination. There are no documented portable measurements of the Forced vital capacity (FVC) or Forced Expiratory Volume in 1 Second (FEV1) upon examination. The testing was directed to underlying medical comorbidities. The requesting provider has established no nexus for the requested cardio-respiratory autonomic tests for the effects of the industrial injury versus the incidental findings associated with the underlying medical issues of the patient. The request was stated to be to rule out interstitial lung disease and cardiovascular disease which is not demonstrated to be an effect of the industrial injury. The request was made to rule out any cardiac manifestations of the cited mechanism of injury. There are no cardiac or pulmonary issues accepted for this industrial injury and there is no demonstrated nexus to the cardiopulmonary system for the effects of the reported mechanism of injury.