

<b>Case Number:</b>	CM14-0059251		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Physical Medicine and Rehabilitation 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 patient sustained an injury on 6/30/10 from getting caught between a cart and the wall while employed by [REDACTED]. Request under consideration include Sudoscan. Diagnoses include s/p right shoulder arthroscopy and right knee medial meniscal repair with post-operative physical therapy on 12/7/10. Conservative care has included physical therapy, acupuncture, CESI (cervical epidural steroid injection), medications, and modified activity/rest. The patient had FCE (functional capacity evaluation) on 7/5/12. Report of 11/7/13 from the chiropractic provider noted chronic ongoing neck, right shoulder, wrist, knee, and ankle pain with loss of sleep from pain, depression and anxiety. The patient had 22 diagnoses with treatment to include cardio-respiratory and sleep testings. Report of 3/27/14 from the chiropractic provider noted no change in symptom complaints. Exam showed cervical range normal, positive foramina compression, right decreased shoulder range, right wrist with normal range, positive Phalen's and right knee with decreased range, and positive McMurrays. It was noted the patient had recent (non-certified) Cardio-respiratory ANS test noting autonomic nervous system dysfunction. Treatment was for Sudoscan (to compare small nerve fiber neuropathy to sweat glands and to be repeated every 3 months to help discern cardiac, diabetes, or HTN problems. The request for Sudoscan was non-certified on 4/3/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sudoscan:** Upheld

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

**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: AetnaClinical Policy Bulletin: Autonomic Testing / Sudomotor Tests.

**Decision rationale:** This patient sustained an injury on 6/30/10 from getting caught between a cart and the wall while employed by [REDACTED]. Request under consideration include Sudoscan. Diagnoses include s/p right shoulder arthroscopy and right knee medial meniscal repair with post-operative physical therapy on 12/7/10. Conservative care has included physical therapy, acupuncture, CESI (cervical epidural steroid injection), medications, and modified activity/rest. The patient had FCE (functional capacity evaluation) on 7/5/12. Report of 11/7/13 from the chiropractic provider noted chronic ongoing neck, right shoulder, wrist, knee, and ankle pain with loss of sleep from pain, depression and anxiety. The patient had 22 diagnoses with treatment to include cardio-respiratory and sleep testings. Report of 3/27/14 from the chiropractic provider noted no change in symptom complaints. Exam showed cervical range normal, positive foramina compression, right decreased shoulder range, right wrist with normal range, positive Phalen's and right knee with decreased range, and positive McMurrays. It was noted the patient had recent (non-certified) Cardio-respiratory ANS test noting autonomic nervous system dysfunction. Treatment was for Sudoscan (to compare small nerve fiber neuropathy to sweat glands and to be repeated every 3 months to help discern cardiac, diabetes, or HTN problems. The request for Sudoscan was non-certified on 4/3/14. ACOEM/MTUS, ODG guidelines are silent on use of Sudoscan, testing for idiopathic and diabetic distal symmetric polyneuropathy; however, clinical policy considers autonomic testing such as quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, and thermoregulatory sweat test (TST) for use as a diagnostic tool in conditions and disorders such as amyloid neuropathy, diabetic autonomic neuropathy, Sjogren's, none of which seen here and considers these testing to be experimental and investigational as with listed diagnoses for this individual. Submitted reports have not demonstrated symptom complaints, clinical findings, diagnoses to support for these periodic sudomotor testing. Therefore, the request for Sudoscan is not medically necessary and appropriate.