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| Case Number: | CM14-0068050 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 02/15/2012 |
| Decision Date: | 08/19/2014 | UR Denial Date: | 04/11/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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 District of Columbia and Virginia. 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 48 year old patient who sustained injury on Feb 15 2012. On Aug 23 2013, [REDACTED] saw the patient for left and right shoulder pain, as well as elbow and bilateral wrist complaints. She was prescribed Gabapentin, Motrin, Tramadol, Ambien, Zanaflex, Nexium, Hydrocodone/APAP, Glucosamine, Flurbiprofen, Gabacyclotram, Condrolite. On Sept 20 2013, [REDACTED] saw the patient for the same pain issues and was diagnosed with bilateral shoulder impingement syndrome, left elbow sprain/strain and bilateral elbow epicondylitis. [REDACTED] saw the patient for the same pain issues on Oct 18 2013. The diagnoses remained the same. [REDACTED] saw the patient on Dec 20 2013 and was noted to have surgical treatment of bilateral carpal tunnel syndrome. [REDACTED] requested that the patient have cardiovagal innervation and heart rate variability, adrenergic beat to beat blood pressure responses to valsalva maneuver, sustained hand grip and BP and HR responses to active standing and EKG autonomic nervous system sudomotor testing (sudocan).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiovagal Innervation and Heart Rate Variability (Parasympathetic Innervation):

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: <http://www.ncbi.nlm.nih.gov/pubmed/19376985>
<http://ep.physoc.org/content/96/12/1255.full>.

Decision rationale: There are no MTUS or ACOEM guidelines which address this type of testing. Most of the studies which address show no clinical benefit. From the clinical information provided, this would not be medically indicated.

Autonomic Nervous System Sudomotor Testing (Sudoscan): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23931777>. Testing the Autonomic Nervous System.

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: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3817891/>.

Decision rationale: There are no MTUS or ACOEM guidelines which address this type of testing. From the clinical information provided, this would not be medically indicated.

Adrenergic beat to beat blood pressure (BP) responses to Valsalva maneuver: 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: [ncbi.nlm.nih.gov/pubmed/23931777](http://www.ncbi.nlm.nih.gov/pubmed/23931777).

Decision rationale: There are no MTUS or ACOEM guidelines which address this type of testing. From the clinical information provided, this would not be medically indicated.

Sustained hand grip and BP and HR Responses to Active Standing: 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: [ncbi.nlm.nih.gov/pubmed/23931777](http://www.ncbi.nlm.nih.gov/pubmed/23931777).

Decision rationale: There are no MTUS or ACOEM guidelines which address this type of testing. From the clinical information provided, this would not be medically indicated.