

Case Number:	CM14-0081685		
Date Assigned:	07/18/2014	Date of Injury:	11/13/2013
Decision Date:	09/18/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/03/2014

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:

The injured worker is a 40-year-old male who reported an injury on 11/13/2013 who reportedly injured his right arm and shoulder in a rollover accident. The injured worker's treatment history included physical therapy, medications, MRI, and surgery. The injured worker was evaluated on 03/13/2014, and it was documented that the injured worker complained of neck pain that radiated to the upper back and upper extremities, upper mid back pain, low back pain which radiated to the buttocks and lower extremities, right shoulder pain, right wrist pain, and right hand pain. Pain level was 2/10 to 4/10. No significant past medical history was noted. The provider noted he smokes a pack of cigarettes per day. The provider noted the injured worker weighs 170 pounds, and his blood pressure was 147/97. Physical examination revealed tenderness along the right trapezius, decreased right shoulder range of motion with flexion, 140/180 degrees, extension was 30/50 degrees, abduction was 140/180 degrees, adduction 40/50, and internal rotation was 70/90 degrees, external rotation was 70/90, and well healed scar on the right forearm. There was decreased range of motion on the right forearm, minimally decreased right wrist, ulnar deviation, lumbar paravertebral muscle tenderness, decreased lumbar range of motion, and positive straight leg raise bilaterally. The motor strength in the lower extremities was 5/5, 2+/4 patellar and Achilles reflexes bilaterally, and diminished sensation to light touch in the L5 and S1 nerve root distributions of the bilateral lower extremities. On 03/13/2014, the injured worker had undergone a Cardio-Respiratory diagnostic test report that revealed accordingly the injured worker requires further pulmonary/respiratory diagnostic test in order to further measure the injured worker's respiratory functioning and screen for any other respiratory issues due to the pulmonary/respiratory abnormalities, including obstructions of the airway and sleep disordered breathing. On 03/13/2014 the injured worker had undergone a Sudoscan sudomotor function assessment diagnostic test that revealed the injured worker was exhibiting

abnormal feet symmetry but normal conductance levels. Abnormal feet symmetry was often linked to peroneal nerve, femoral nerve, and/or sciatic nerve dysfunction. Asymmetry suggests the need for further ANS testing, repeat Sudoscan in 90 days, EMG/NCV, blood tests for nerve disorders and disease, neurological consult and/or potentially spinal tap. The injured worker's treatment history included lumbar spine radiculopathy, right shoulder internal derangement, status post right forearm surgery, insomnia, idiopathic peripheral autonomic neuropathy, and unspecified disorder of autonomic nervous system. Medications included Menthoderm gel, gabapentin, Genicin, and Somnicin. The Request for Authorization dated 04/21/2014 was for a Cardio- respiratory)/Autonomic Function Assessment test. The rationale was for diagnostic testing and should be repeated approximately every 3 months in order to re-evaluate the injured worker and monitor any disease progression attributable to change include the status of the injured worker's ANS functioning and response to a therapeutic intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARDIO-RESPIRATORY/AUTONOMIC FUNCTION ASSESSMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/heart-disease/electrocardiogram>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General. Preoperative Electrocardiogram (ECG).

Decision rationale: The request is not medically necessary. Per the ODG recommends Pre-op EKG are recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12-lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Low risk procedures (with reported cardiac risk generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery; breast surgery; & ambulatory surgery. An ECG within 30 days of surgery is adequate for those with stable disease in whom a preoperative ECG is indicated. The request submitted failed to indicate the date of the surgery. In addition, the documentation submitted is missing the psychological evaluation for the injured worker to be medically cleared for the surgery. Given the above, at this time it is not medically necessary.